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A
CATALOGUE
OF THE
PREPARATIONS
IN THE
ANATOMICAL MUSEUM
OF
GUY'S HOSPITAL.

ARRANGED AND EDITED,
BY
DESIRE OF THE TREASURER OF THE HOSPITAL,
AND OF THE
TEACHERS OF THE MEDICAL AND SURGICAL SCHOOL,

BY
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GEOENNIAN SOCIETY OF CATANEA, &c.

COLLEGE OF PHYSICIANS

MDCCCXXIX.

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INTRODUCTION.

When Sandifort undertook to describe the preparations in the Museum formed at Leyden by the union of the Collections of Raus, Albinus, and Doeveren, and which had been augmented by more than twenty years' labour of the Professor and his Pupils, no apology was necessary in introducing his splendid Museum Anatomicum to the notice of his Professional Brethren. The celebrity of the Author, the names of the great men by whom the specimens were brought together, and the notoriety of the Collection which they constituted, were sufficient, not only to sanction the publication of the work of Professor Sandifort, but to claim for it that high and general estimation which it has received and maintained.

The present volume is printed under widely-different circumstances. The increased zeal which numerous causes have, since the publication of the Museum Anatomicum, concurred to direct to the cultivation of every branch of Anatomy, but more especially of Pathological Anatomy, has not only multiplied the number of works relative to this branch of Medical Science, but has also led to the formation of numerous more or less rich and extensive Collections, in illustration of the same interesting and important subject. It might reasonably be thought that the publication of the descriptions of many of these ought to precede that of the comparatively infant Museum of Guy's Hospital, or that the mere existence of these Collections renders needless the publication of such a work. Something therefore seems necessary, by way of apology, not only to set forth the claims to attention which the Museum of Guy's Hospital, notwithstanding its comparatively recent formation, may yet be allowed to possess, but also to explain the real motives which have led to the printing of the Catalogue; which, whether publication had been designed or not, it was, for obvious reasons, needful to compose.

The first of these objects will probably be best effected by a very brief view of the history of the formation of the Museum.

It is self-evident, that every large public Hospital must afford numerous opportunities for the collection of valuable specimens of Pathological Anatomy. This has been particularly the case in the magnificent Institution founded by Thomas Guy, and liberally supported by his ample endowments. Where, as in this Hospital, the Patients are admitted without reference to individual interest, but by a superiority of claim, founded solely on the greater severity and urgency of their particular cases, it follows, as a necessary consequence, that the average of interesting cases must be particularly high. Some idea of the ample field for Pathological Anatomy presented at Guy's Hospital may be formed from the following statement of the mortality which has taken place in the Institution during the three last years—

From 25th of 3d Month (March) 1825 to 25th of 3d Month .. 1826	264
From 25th ditto 1826 to 25th ditto 1827 ..	297
From 25th ditto 1827 to 25th ditto 1828 ..	282

The number of beds at present devoted to Patients amounts to 421.

It does not appear that any thing beyond the passing advantage was derived from these extensive opportunities, until the present Treasurer, impressed with the importance of securing a more permanent benefit from remarkable Cases that from time to time presented themselves, directed the formation of various Drawings, Models, and Casts. In 1802, if not at a still earlier period, apartments were appropriated to anatomical demonstration and dissection, and to the inspection of morbid bodies. N. Davie, a very zealous and intelligent young man, at that time filled the office of Demonstrator. After this individual's untimely death, several preparations of healthy and morbid anatomy, collected by him as the commencement of a private Museum, were purchased by the Treasurer, and presented to the Hospital. These, together with several specimens met with in the Hospital, and preserved by the care of Richard Stocker, formed a small Anatomical Collection, devoted to the illustration of the Medical Lectures delivered in the Theatre of Guy's Hospital.

In the year 1806, when the office of Demonstrator was held by Benjamin Travers, several Regulations were passed by the Treasurer, to promote the conveniences and advantages accruing from this part of the Establishment; and, at the same time, it was expressly understood, that all specimens of morbid structure, met with in subjects either dissected by the Pupils or inspected at the request of the Medical Officers, should be preserved, as the property of the Hospital. Nevertheless, the accessions to the Museum were far from being numerous; probably from the circumstance, that no one was specially charged with the preparation of the reserved parts. It was not till the year 1824, that, at the instance of the Medical Officers of the Hospital, a Curator, (T. A. S. Dodd,) was appointed to take charge of the preparation and preservation of specimens, and to assist the Inspector in conducting and recording the *post mortem* examinations: he had likewise the care of making Casts of such interesting Cases as occurred in the Hospital, and to which this mode of representation was best adapted.

The extension of the School, which shortly after took place, necessarily increased the importance of the Museum; and corresponding exertions were directed to its augmentation. It is only from this period, that the departments of Descriptive and Comparative Anatomy can be said to date their existence. The department of Morbid Anatomy has likewise been greatly enriched, not only by the internal resources of the Establishment, but also by the donations of numerous Contributors from without. In fact, with the exception of a nucleus of scarcely 500 preparations, the whole Collection, at present amounting to upwards of 3000 specimens, has been formed within the short space of four years.

It may not be improper to relate some of the advantageous circumstances which have favoured the execution of what has already been done for the Museum. As second only to the active and constant zeal of the Founder of the Museum, the Treasurer of the Hospital, must be gratefully acknowledged the bright and operative example of Sir Astley Cooper, whose own hands have supplied some of the most beautiful and splendid preparations.—In the Catalogue will be found the names of many persons who have contributed to the Collection; and to whom it would be grateful here to pay the tribute of warmly-expressed acknowledgments, but which are suppressed merely for the sake of brevity.

For the illustration of the structure and diseases of the Teeth, the Museum possesses the Collection of the late Joseph Fox; enriched by many valuable and curious additions, from his able successor, Thomas Bell. The department of Casts and Models forms too important a feature in the Museum to be left unnoticed. In this department, youthful as is the Museum, it is perhaps not too much to say, that it yields to none in this country. Its advantageous position, in this respect, must be attributed to the fortunate circumstance of the Treasurer's having attached to the service of the Hospital, Joseph Towne, an artist who has the signal merit of having both created his art for himself, and arrived at such a proficiency in it, that his works, already very numerous, rival, if not surpass, those of the best and most-distinguished masters of Florence and Bologna. The Drawings and Diagrams, although not introduced into the present Catalogue, must not be omitted in the enumeration of what has been done at Guy's Hospital to facilitate the communication of Pathological knowledge. The spirited and accurate pencil of C. J. Canton, constantly employed in this department for the service of the Hospital, by preserving the recent colours and appearances of diseased parts, forms an invaluable supplement to the wet preparations; which, after the most successful efforts, must often fail in retaining any thing beyond the form and texture.

Such are the principal circumstances which have concurred to give to the Museum of Guy's Hospital, even in its present state, some claims to notice: but it was an object far more important than the exposure either of its poverty or its riches which has prompted the publication of a Catalogue: this was called for, to enable the Pupils who visit the Museum to reap all the benefit and assistance which it may be capable of affording them. When, for this purpose, the formation of a Catalogue was assigned to the Author, it formed a part of his original plan to give not merely a List of the Preparations actually contained in the Collection, but also to insert in their proper order and place in the arrangement, distinguished by a different type, those morbid appearances of which no specimen occurred in the Museum. He conceived that such a manual would be of assistance to those more especially engaged in the study of their profession, and also constitute a useful companion to others, who, having entered into practice, are anxious to keep up and extend their acquaintance with morbid anatomy by the practice of inspection. With the hope of more completely attaining this object, it was also his intention to give, under the head of each morbid appearance, a reference to the Authors by whom it had been the best described. The length of time which the execution of such a plan must unavoidably occupy has induced him for the present to abandon it. It has, therefore, been concluded to publish little more than a simple Catalogue of the Specimens in the Museum. The

Observations which will be found prefixed to the different Sections are designed rather to add to the interest of some particular points, than generally to illustrate the objects comprised in the Sections.

It will not be amiss now to offer some remarks respecting the plan of arrangement which has been adopted in the distribution of the specimens described in this Catalogue. It may be thought by some, that it is a matter of little or no importance what system of arrangement be adopted, provided only that it be adhered to with sufficient exactness to lead to the discovery of any required preparation. The Author, however, is convinced, that on the arrangement, a considerable part of the advantage which may be derived from a Pathological Collection must mainly depend. It became, therefore, a matter of considerable importance, to consider the principle on which the arrangement was to be founded.

Every classification employed to facilitate an acquaintance with any of the various objects of Natural Science is necessarily artificial, rather than belonging to Nature herself. However scrupulously we may endeavour to be guided by those indications which she seems to afford us for making these divisions, the view which we present is like that which is gained by making a section of a compound solid mass. We may see the relations of some of the parts; but numerous other relations remain, which it requires fresh sections to expose. This observation is particularly applicable to Morbid Anatomy. Hence, for different purposes, different modes of arrangement are to be preferred.

In considering the appearances presented by a single inspection, it is essential to keep in mind the order of time in their production, and guard against confounding those appearances which are cadaveric with those which have been produced by disease; and, in the latter, to draw a distinction between those which are recent and those which are of long standing, or may be the result of maladies which have ceased to be in activity before death. A Classification of Morbid Appearances, formed on this principle, will be found in No.I. of the annexed Tables. A very different classification is required in the arrangement of specimens collected in a Pathological Museum: but, from the complicated nature of the subject, this arrangement may be almost infinitely varied. To some, an arrangement founded on the basis of General Anatomy may be thought the most desirable: others may prefer making their divisions correspond with different regions of the body: others may distribute them with reference to the functions of the parts preserved; and many systems might follow, grounded on Nosological Classifications*.

The Author, at one time, proposed to take the Morbid Anatomy of Dr. Baillie as the text-book for the Museum; and to have placed the Preparations in accordance with the arrangement adopted in that work: but he very soon abandoned this design, finding the work inadequate to the purpose. For the arrangement which he ultimately adopted, although in many respects original, he is indebted in no small degree to the excellent work of Professor Meckel. The outlines of this arrangement are exhibited in Tables II. and III.

The Preparations in a Museum, in addition to their first and most important use in assisting the Lecturer to convey and the Pupils to receive and understand the descriptions of disease, possess also this advantage—that, as visible and tangible representations of the subjects which they are designed to illustrate, they become valuable helps to the memory, in recalling the ideas which it has received. The first of these advantages they possess individually: but the second, though also in degree possessed by them separately, is perhaps far more decidedly their collective result.

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* In the Museum at Leyden the following Divisions are employed:

1. Ossa Morbosa.
2. Partes Molles Morbosæ.
3. Calculi.
4. Monstra.
5. Varia.

In the Museum of the University of Pavia, a greater number of Divisions are employed, but they seem to be founded on unequal grounds of separation: hence some of them ought to form Genera, rather than Orders:—

1st head consists of Osteopathia.
2. Neuroses.
3. Pneumonoses.
4. Angioses.
5. Gastroses.
6. Enteroses.
7. Choloses.
8. Uroses.
9. Aidoioses.
10. Adenoses.
11. Entozoa.
12. Monstra.

This Epitome of the Pavian Classification was given to the Author by his accomplished friend T. Hardy, jun., whose name repeatedly figures in the Catalogue, as a liberal contributor to the Museum.

The habit of frequently reviewing, in the same succession, Preparations brought together for the purpose of illustrating the pathology of a particular organ or apparatus, cannot fail to render considerable practical assistance to diagnosis, by enabling the memory rapidly to bring under review the various possible alterations with which the organs suspected of disease may be affected: and whilst we make the choice of that to which the united symptoms appear most decidedly to point, we may avoid the danger of overlooking the right one, through inadvertence or forgetfulness.

For this reason, it has been thought better to arrange the Specimens in the Museum under the heads of particular systems or apparatus, rather than under those of the elementary tissues.

As far as circumstances would admit, the same order has been adopted with the Special and the Pathological Anatomy.

The First Section is devoted to the Skeleton; and commences with the Vertebral Column, as the most essential part of the skeleton, and the characteristic of that grand division of animals, of which Man is the head. The bones of the Cranium are taken with the Vertebræ; and the Ribs are given as appendages to the Vertebræ, and the Sternum as their counterpart: since it exhibits, though somewhat imperfectly, the traces of a similar construction. The bones of the upper and lower extremities conclude the section.

The Soft Parts about the Skeleton are placed in the Second Section; which includes the Cartilages, Ligaments, Synovial Membranes, and Fibro-Cartilages of the Articulations; and the Muscles, with their Fasciæ, Bursæ, and Tendons.

The Third Section comprises the Heart, and the Three Vascular Systems — the Arterial, the Venous, and the Lymphatic or Absorbent, with its Glands.

The Fourth contains the Nervous System and the Organs of the Senses, in the following order—the Spinal Cord, the Brain and Cerebellum, the Nerves of the Cerebro-spinal and Sympathetic Systems; the Common Integuments, as the seat of the simplest and most generally diffused sense, viz. that of Touch; and, afterwards, the Organs of more special sensations—the Nose, Eyes, Ears, and the Tongue.

From the Tongue we are led to the Fifth Section, in which are placed the Vocal and Respiratory Organs, in the following order; in which it will be observed that we proceed from the Mouth downwards—the Larynx and Thyroïd Gland, the Trachea and Bronchi, and Lungs and Pleura, and, lastly, the Thymus Gland.

In the Sixth Section will be found the Digestive Organs, which, like the Respiratory Organs, are taken in order from the Mouth downwards. The section commences with the Salivary Glands, which, like the Gums and Teeth, which immediately follow them, are subservient to the Vocal as well as to the Digestive function: after the different portions of the Alimentary Canal, follow those Abdominal Viscera which are accessory to it; namely, the Liver, and its accompanying Gall-Bladder, the Pancreas, and the Spleen.

The Urinary Organs form the subject of the Seventh Section, which therefore contains the Renal Capsules, the Kidneys, the Pelves of the Kidneys, the Ureters, and the Urinary Bladder. The Urinary Calculi which are given in the Seventh Section of Part II. are arranged, according to their chemical composition, in the order adopted by Dr. Prout.

The Organs of Generation are divided into two Sections: in the first are placed those of the Female, as the more essential, and those which we first discover in the lowest and most imperfect forms of animal life.

Hence the Eighth Section contains the Ovaries, the Fallopian Tubes, and the Uterus; then the External Parts; and lastly, as accessories to these organs, the Mammary Glands and Nipples.

In the Ninth Section, the Male Organs are placed in an order corresponding to those of the Female, so far as the analogy of the parts will guide us. It commences therefore with the Testes, followed by the Epididymes and Vasa Deferentia, then the Vesiculæ Seminales, the Prostate and Cowper's Glands, with the Urethra and External Parts: it concludes with the Male Nipple, as the rudimentary analogue of the Female Breast.

Although the Peritoneum affords a covering to many of the organs comprised in the four last sections, it could not with propriety have a place assigned to it in any of them: the Tenth Section is therefore specially devoted to it, and contains the preparations illustrative of the important subject of Hernia.

Conception and Utero-gestation form the subject of the Eleventh Section.

In the Twelfth are placed Parasitical Animals, under the heads of, Vesicular Worms or True Hydatids, Flat Worms, Cylindrical Worms, and Insects.

The Preparations classed under the preceding heads are arranged according to the following Subdivisions, so far as they can be made to apply.

The deviation from the normal, healthy, or regular state may take place in several various ways, which have been made the basis of the following arrangement:—

The first Order contains Specimens in which the deviation consists in Deficiency: they are subdivided, 1st, into those in which the deficiency is dependent on suspension of development; and, 2dly, those in which it has been the result of a loss which has been sustained. The Second Order embraces deviations consisting in Excess: the Third Order, deviations consisting in perversion of form: the Fourth, Specimens in which the morbid appearance may be regarded as the result of ordinary inflammation: the Fifth, those in which the morbid appearance is regarded as the effect of Scrofula. The Sixth Order comprises numerous adventitious formations, for the most part heterologue; that is to say, differing more or less from the natural structures of the body: the objects of this Order are marked by a certain degree of uniformity of character, but more particularly by the similarity of the mode of their formation;—most of them have been designated by the term Malignant. This order is subdivided in the following manner: 1st, Specimens exhibiting the adventitious production of Cysts, assuming the form of reflected membranes, often erroneously called Hydatids, and frequently unaccompanied by constitutional affection. So far as structure is concerned, they are typical of the order in which they are placed. To the Second Division of this Order belong Specimens of True Scirrhus, so far as the distinction can be made, where the natural boundaries are so indistinctly marked as they are between this and some other members of the order. The Third Divisions contains Specimens of that affection known by the names of Fungus Hæmatodes or Medullaris, Medullary Sarcoma, Fungoïd Disease, Spungoïd Inflammation, Cerebriform Cancer, &c.: the Fourth, Specimens of Melanosis, in that particular form which exhibits a structure resembling the preceding; and to which the name of Melanosis, as descriptive of a specific affection, has been by some restricted. The Seventh Order is composed of Specimens, in which Vesicular Worms, as they have been called, or true Hydatids, are developed in the particular organs which belong to the section. Some explanation may here be necessary, lest it should be thought, that, in violation of received aphorisms on the subject of classification, the same character has been employed to distinguish both a

Class and an Order. In the Twelfth Section, the Vesicular Worms are taken without any reference to the organ in which they are developed, and independently of any other consideration than that of their belonging to a branch of Zoology which is connected with Human Pathology. The introduction of the presence of Hydatids, as the characteristic of an order, refers to the pathology of the organ in which they exist; and the Preparations comprised in this order are designed to illustrate the derangements induced by the development of these bodies, rather than their natural history and habits. In insisting on the necessity of distinguishing Vesicular Worms, or true Hydatids, from Cysts properly so called, it is by no means, as has been pretended, a mere verbal quibble which is excited. The want of this distinction has led to a great and palpable confusion of objects, essentially differing from each other in their structure, nature, and progress. The absolute necessity for this distinction remains unaltered, by the admission or rejection of the parasitical character of either or of both.

In printing the Catalogue, the Tabular form has been chosen, as the most convenient for reference, and at the same time the most concise and intelligible. In the first column is placed the number which refers to the Preparation. In the next is the description of the Preparation. This though in general necessarily short, is sufficient to point out the object which the Specimen is designed to illustrate. When the Preparation is of more than usual interest, the description is given at greater length. The next column contains a reference to the fuller details of the case. The greater number of these references are made to the manuscript histories of the Hospital Cases and Inspections; of which there are now thirteen volumes, most of which have been collected in the course of the last three years. In the same column are placed references to printed books, when the Preparations have been described or alluded to in published Works. When the Preparation has been acquired as a gift, reference is made in this column to the donor's account of the case, if such a document accompanied the Preparation. The last column shews the source whence the Preparation was derived; and records the names of those whose liberality has enriched the Collection. When this column remains unoccupied, it may generally be correctly concluded that the Preparation was furnished by the Hospital itself: though it is to be regretted, that, in some instances, Gentlemen, who have kindly contributed to the Museum, have not attached their names to the Preparations. Endeavours have been used, as far as possible, to remedy the deficiency: and care will be taken to do so with respect to the cases which remain, if those who may observe them will be so obliging as to point them out.

The preceding statement of the materials of which the Museum of Guy's Hospital has been composed, of the principles which have directed its arrangement, and of the motives which have led to the publication of the Catalogue, will, it is hoped, be sufficient to justify the object of this volume. The Author does not doubt, that, in the execution, there are many points which are liable to criticism: but he will take upon himself to affirm, that those only can be competent to apportion the censure which may be due, who have themselves experienced the labour of a similar task. He trusts, that, even in its present state, the book may prove useful to the Pupils attached to the Medical and Surgical School of the Hospital, and more especially to the Gentlemen who attend the Lectures on Morbid Anatomy: but he expressly wishes it to be regarded rather as a work in process, than as a finished production; and he solicits those into whose hands it may fall, to contribute the materials which are wanting to fill up the breaks which have unavoidably been left.

As an imperfect victim was inadmissible as an offering, so, to compare small things with great, an unfinished work cannot with propriety be made the subject of dedication.

On this account, the Author has purposely refrained from inscribing this Volume to the Treasurer, Benjamin Harrison; to whom, as the Founder of the Museum, this tribute is eminently due. He cannot, however, omit to make it the record of his respectful and grateful acknowledgments to that zealous and enlightened Gentleman, for the very efficient and liberal support which, notwithstanding the numerous objects which obtain his attention, he has given to the Museum, and to the other branches of the department committed to the Author's care;—of his sincere regard for the Officers of Guy's Hospital, by whom not only the benevolent views of the Founder, but the interests of Medical Science, are ably promoted;—and, likewise, of his cordial good wishes for the honourable advancement and well-earned prosperity of the Pupils attached to the School.

TABLE I.

APPEARANCES OBSERVED ON INSPECTION,

ARRANGED WITH REFERENCE TO THE ORDER OF TIME.

Class I.

CADAVERIC APPEARANCES.

Order 1. Gaseous.
2. In the Non-Elastic Fluids.
3. In the Solid Parts.

Class II.

APPEARANCES CONNECTED WITH THE LAST ILLNESS AND DEATH.

(Except those belonging to the Third and Fourth Classes.)

Order 1. Inflammations.
2. Congestions.
3. Hæmorrhages . . { Active. Passive.
4. Serous Effusions { Active. Passive.
5. Softening . . }
6. Hardening . } { Both of these States are possibly the result of an Action of an Inflammatory Character; but as doubt exists on this point, they are placed by themselves.
7. The results of Accidental Injury.

Class III.

ADVENTITIOUS, OR ACCIDENTAL DEPOSITS;

Which, though often the cause of death, from their duration frequently allow of death being produced by other causes.

Order 1. Analogous; *e.g.* Fat, Bone, Erectile Tissue.
2. Heterologous; *e.g.* Scrofulous Deposit, Scirrhus, Cancer, Fungus Hæmatodes, Cerebriform Cancer, Melanosis, &c.

Class IV.

THE EFFECT OF CHRONIC DISEASES,

Not included in the preceding; and of Diseases antecedent to the Fatal One.

Class V.

CONGENITAL DEFORMITIES.

Order 1. The result of suspended development producing a resemblance to forms characteristic of the lower classes of Animals.
2. Of irregularity in the union of the lateral halves of which the body is composed.
3. Of exuberant or irregular development producing a redundancy or deficiency in the number or size of parts.
4. Of Diseases or Accidents which happened to the Embryo.

TABLE II.

SECT. I.

BONES COMMENCING BY THE VERTEBRAL COLUMN;

AS THE MOST ESSENTIAL PART OF THE SKELETON, THE CHARACTERISTIC OF THAT DIVISION OF ANIMALS OF WHICH MAN IS THE HEAD.

Vertebræ.
Sternum and Ribs, as Appendages to the Vertebræ.
Scull and Bones of the Face.
Bones of the Upper Extremity.
Bones of the Lower Extremity.

SECT. II.

SOFT PARTS ABOUT THE BONES.

Ligaments	In the same order in which the corresponding Bones have been given.
Cartilages	
Fibro-Cartilages	
Synovial Membranes	
Muscles	Of these there are few Morbid Specimens, which are placed in an order corresponding with the Bones.
Tendons	
Aponeuroses	

SECT. III.

VASCULAR, OR CIRCULATORY SYSTEMS.

The Heart.
The Arteries.
The Veins.
The Absorbent Vessels, and their Glands.

SECT. IV.

NERVOUS SYSTEM, AND ORGANS OF THE SENSES.

Spinal Chord.
Brain.
Nerves.
Common Integuments.
Nose.
Eyes.
Ears.
Tongue.

SECT. V.

VOCAL AND RESPIRATORY ORGANS.

Lips, and Parts about the Mouth.
Larynx and Thyroïd Gland.
Trachea.
Bronchi.
Lungs.
Pleuræ.
Thymus Gland.

TABLE II.—*continued.*

SECT. VI.

DIGESTIVE ORGANS.

Salivary Glands.
Gums and Teeth.
Pharynx.
Œsophagus.
Stomach.
Small Intestines.
Large Intestines.

ORGANS ACCESSORY TO THE ALIMENTARY CANAL.

The Liver and Gall-Bladder; and (in Part II.) Biliary Calculi.
The Pancreas; and (in Part II.) Pancreatic Calculi.
The Spleen.

SECT. VII.

URINARY ORGANS.

Renal Capsules and Kidneys.
Pelves of Kidneys, and the Ureters.
Urinary Bladder; and (in Part II.) Urinary Calculi.

SECT. VIII.

GENITAL ORGANS OF THE FEMALE.

Ovaries.
Fallopian Tubes.
Uterus.
External Parts.
Mammæ, and Nipples.

SECT. IX.

GENITAL ORGANS OF THE MALE.

Testis and Epididymis.
Vas Deferens.
Vesiculæ Seminales.
Prostate.
Cowper's Glands.
Urethra and External Parts; and (in Part II.) Urethral and Prepucial Calculi.
Male Nipple.

SECT. X.

PERITONEUM, AND (IN PART II.) *SPECIMENS ILLUSTRATIVE OF HERNIÆ.*

SECT. XI.

PREPARATIONS RELATING TO CONCEPTION AND UTERO-GESTATION.

SECT. XII.

PARASITICAL ANIMALS.

TABLE III.

[⁂ In Part II. the Preparations classed under most of the preceding Sections are arranged according to the following Plan, so far as it can be made to apply.]

DEVIATIONS FROM THE NORMAL STATE;

CONSISTING,

1. In Deficiency—
    - *a.* The result of suspended development.
    - *b.* ——— loss sustained or privation.
2. In excess.
3. In form.

Preparations exhibiting either deficiency or excess in a particular organ must, in some instances, unavoidably be placed under other heads; since they may at the same time illustrate some other deviation from the normal state. This remark must also be applied to other divisions.

4. In appearances which may be regarded as the result of ordinary Inflammation.
5. In appearances which are the result of Scrofula.
6. In appearances which depend on diseases called Malignant, or which resemble them in structure; viz.
    - *a.* The adventitious production of Cysts, generally pedunculated, and assuming the form of reflected membranes, erroneously called "Hydatids," and which are often unaccompanied by constitutional affection.
    - *b.* True Scirrhus.
    - *c.* Fungus Hæmatodes or Medullaris, Medullary Sarcoma, Fungoïd Disease, Spungoïd Inflammation, Cerebriform Cancer, &c.
    - *d.* Melanosis, in that particular form which exhibits a structure resembling the preceding; to which the term "Melanosis," as descriptive of a specific affection, has been by some restricted.
7. In Hydatids in the particular organ.
8. In the effects of Accidental Injury.

PART I.

SPECIAL ANATOMY.

OBSERVATIONS ON SECTION I.

OF PART I.

"Je commence par les os parceque toutes les autres parties du corps humain y ont rapport soit par leur situation soit par leurs attaches, soit par leur figure, ainsi la connoissance des parties osseuses conduit aux autres connoissances Anatomiques et par conséquent elle doit les preceder."—Buffon.

In this Section, the bones of the Cranium are placed in conjunction with the Vertebræ, in accordance with the views of several Modern Anatomists, who have regarded the head as composed of an assemblage of Vertebræ, or of bones referrible to the same type as the Vertebræ. The minute details of this question would require such a lengthened digression, into the subjects of Comparative Anatomy and Embryology, as would be inadmissible in this volume.

The question, however, is one which, although it has arrested the attention of many distinguished Foreign Physiologists, has hitherto attracted but little notice in this country: hence it is hoped that the following sketch will not be considered misplaced.

It is sufficiently obvious, that the Cranium resembles the assemblage of Vertebræ designated by the name of Spine, in affording both support and protection to a part of the central portion of the Nervous System. It does not appear that this resemblance had led to the suspicion of any further analogies between these two parts, until Professors Oken, of Bremen, and Dumeril, of Paris, the one in 1807, and the other in 1808, without any communication with each other, pointed out certain structural resemblances in the parts of which these two organs are composed. Both were led to the same conclusion, whilst engaged in the examination of the Crania and Vertebræ of Fishes. Dumeril, in speaking of the Head, says that it is nothing but a Vertebra of gigantic dimensions; but he did not pursue the subject further, imagining that the idea was considered extravagant. Professor Oken was not deterred by any such consideration, but speedily published a sketch of his views, in an article printed at Jena in 1807; and he gave a much further development of his ideas in two French articles, the one published in 1820, and the other in 1821. The Head, he observes, is a continuation of the Vertebral Column, and exhibits four Vertebræ, complete both in the number and conformation of their parts, and resembling the Dorsal Vertebræ in their bodies and arches. In the Cranium there are, in fact, three bodies; namely, one in the Os Occipitis, and two in the Sphenoïd. The Parietal and Frontal Bones are called in to complete the two latter Vertebræ. His fourth Vertebra belongs to the Face, and consists of the Vomer, which represents the body of the bone, together with the two Nasal Bones. He considers each of these Vertebræ as destined to the Organs of the Senses; and, in consequence, designates them by the following names—the Auricular, the Lingual, the Ocular, and the Nasal. Spix, a Naturalist of Bavaria, has also taken up the views of Oken, but has given them a development of his own, in a work entitled Cephalogenesis. Not satisfied with finding an analogy between the Vertebræ and the Bones of the Head, which he considers as formed essentially of three Vertebræ, he is carried away by his attachment to Homology, or the doctrine of the unity of formation, to seek, in the construction of the Head, nothing less than the repetition of the Body and its limbs; the Arms re-appearing in the Zygomatic Arches, and the Legs in the Lower Jaw. It is not however with such fanciful speculations that the analogy in question is to stand or fall. That great master of Comparative Anatomy and Physiology, Baron Cuvier, with equal accuracy and caution, rejecting the use of terms whose misapplication or perversion from their original signification might excite false ideas, simply expresses the fact, when, in speaking of the Mammalia, he says, that their Crania are subdivided into three cinctures, of which the anterior is formed by the Frontal and

Ethmoïd Bones, the middle by the Parietal and Sphenoïd, and the posterior by the Occipital. Between the Occipital, Parietal, and Sphenoïd Bones, are interposed the Temporal Bones, which, in part, properly belong to the Face. Both Blainville and Adelon adopt the idea of the Cranium being composed of a series of articulations, which, though anchylosed together, are to be regarded as false Vertebræ, composed, like the true, of bodies, arches, and symmetrical appendages.

Blainville considers that these false Vertebræ are four in number, and that there are four pairs of Cerebral Nerves corresponding to them.

The idea of the composition of the bony parts of the Head upon the same type with the Vertebræ has, in an especial manner, attracted the attention of Professor Geoffroy St. Hilaire, who has carried it further than any one else who has laboured on the subject. This Anatomist, as a preliminary step, has sought to ascertain what are the essential parts of a Vertebra. In this research he is guided by the observation of the formation of these bones in the Fœtus, and of their permanent state in animals lower than man in the Zoological scale. He considers that every Vertebra which is completely developed, consists of two rings, connected by an intermediate Nucleus, upon which they are fixed or implanted.

One of these rings, viz. the posterior or upper, is subservient to the protection of a portion of the Nervous or Medullary System, and the other to the Sanguineous or Circulatory System. The intermediate nucleus, or Azygos piece, Professor Geoffroy designates by the appellation of Cycleal. The two rings he considers to be each formed of two pairs of bones. In the Dorsal or Posterior Ring, he calls the pair nearest to the intermediate nucleus, the Perial; and the more remote, the Epial: and in the Anterior or Inferior Ring, the two next to the Cycleal portion, the Paraal, and the more remote, the Cataal. He next seeks the number of primitive pieces which enter into the composition of the Scull, including the Bones of the Face. Taking into his reckoning some pieces which permanently retain the form of Cartilage, he makes the number amount to sixty-three; which being divided by nine, the number of primitive pieces in each Vertebra, he obtains seven as the number of Vertebræ entering into the composition of the Head and Face. By an elaborate examination of the Bones of the Head in various animals, but more especially in the crocodile, he endeavours to shew that this theoretical view is confirmed by the testimony of facts. The seven supposed Vertebræ he designates by the following names: the 1st, he calls the Labial; the 2d, the Nasal; the 3d, the Ocular; the 4th, the Vertebra of the Cerebrum; the 5th, the Vertebra of the Corpora Quadrigemina; the 6th, the Auricular Vertebra; and the 7th, the Vertebra of the Cerebellum. The details of this distribution must be here suppressed, as too long to be introduced into this Volume.

Although the existence of a certain analogy between the Bones of the Cranium and the Vertebræ, not merely in their use, but in their structure, must be admitted by all who will carefully examine the subject, various objections suggest themselves with reference to most of the modes in which it has been attempted to exhibit the application of the principle. It will not be necessary here to do more than offer a few remarks on the system just described, as the result of the labours of Geoffroy St. Hilaire. It is not merely on account of the celebrity of its Author, of the pains which he has taken in tracing its minute details, and of the superior attention which it has obtained in the form both of opposition and of support, that the theory of the distinguished Author of the *Anatomie Philosophique* is here selected for comment; but, being the most full and comprehensive, some of the remarks relating to it will be found applicable to the other theories. In the first place, the Professor's mode of reasoning seems not to be altogether exempt from this important defect, that many of the steps of his argument want the support of proof. The ingenious theory of the formation of the Vertebræ, originally composed of nine primitive portions, appears to be precisely in this predicament; since, though it may be rendered plausible in one or more particular Vertebræ, it is by no means the case with others, whatever be the period of formation at which the examination is made. But were this point to be conceded to the plea of our inability properly to make the examination of parts so minute and tender as those in question must be, in the youngest embryo, a new difficulty meets us in the very next step; since, according to the Professor's own statement, the development of one or other of the rings or arches attached to the body or Cycleal portion may acquire an extraordinary development at the expense of the opposite circle, which, in consequence, is either wholly or partially lost. Hence, on the hypothesis that the Cranium is composed of developed Vertebræ, it is by no means necessary that the number of its component parts should be an exact multiple of nine. Again, by admitting into the list of Bones, parts which are never met with but in the form of Cartilage, such as the Tarsi and the Septum Narium, a wide door is opened to doubt, not to say to error. It is this doubt which, *à priori*, induces a suspicion of the correctness of the calculation by which it is attempted to be shewn that seven Vertebræ are to be sought amongst the elements of the Scull. Let the facts be examined, and it will probably be concluded, *à posteriori*, that three or four of the supposed anterior Vertebræ must be discarded, and the number of primitive Sections, or Cinctures, analogous to Vertebræ, reduced. It is in their important office of supporting and protecting a portion of the central part of the Nervous System by means of an arch or ring fixed upon a body, which, united to its fellows, concurs to form a medial support to the bony frame-work of the animal, that the Bones of the Cranium are, in some degree, analogous to those of the Spine. Now the Bones of the Face can scarcely be said to participate in these resemblances. Like those of the Extremities, they are subservient to functions, in which the Nerves, or, in other words, the

Branches, proceeding from the centre of the Nervous System, rather than this centre itself, are directly concerned. Though more or less closely brought together upon the median line, they are not therefore necessarily to be considered as the continuation of the central stem, either in function or structure. Were the Nerves of Smell, instead of being directed to a single organ on the median line, to be distributed to two symmetrical organs more or less widely separated from each other, as is the case perhaps in some Insects, we should no more think of seeking in the elements of the Nose for the repetition of the mode of formation proper to the Vertebræ, than we are disposed to do in those cases of monstrosity in which the lower or posterior extremities happen to be united, so as to constitute a sort of tail. It is unnecessary, on the present occasion, to push the inquiry farther, or to multiply the facts which might be adduced for its illustration. What has been said, proceeds from no wish to disparage the principle; but is designed rather to stimulate to its legitimate investigation, and to point out the danger which those incur who are directed in their investigations by the desire of establishing a preconceived hypothesis.

The Crania, from No. 100 to 124 inclusive, have been added to the Collection at different times, and, for the most part, are not known to have any particular individual interest attached to them. If not all actually English, they are at least believed to be European, and consequently to belong to the Caucasian variety of the Human Race. So far as their limited number will admit, it has been attempted to arrange them in such a manner, as to shew, that within the range of one variety may be found not only that form which may be considered as most strictly typical of the particular variety, but also numerous deviations from it, through which it approaches, by almost insensible gradations, to those forms which are most strongly characteristic of the other varieties. Thus, in the first part of this short series, are placed those Crania which are the most strongly marked by the peculiarities of the Caucasian or Arab-European division; and, at the close, those which bear a resemblance to the Ethiopian Sculls. For the development of this interesting subject, the Student is referred to the excellent works of Dr. Pritchard and Dr. Edwards.

The Sculls of the Flat-Head Indians, from the neighbourhood of the Colombia River, are very dissimilar from the Sculls of the Caribs: the depression of the Forehead is carried to the utmost extent, and is accompanied by a remarkable projection and breadth of the Occiput. In most of these Sculls, in addition to the flatness of the Forehead, there is a want of symmetry, suggesting the idea that the upper part of the Head had been pushed obliquely to one side. The number of Wormian Bones is also worthy of notice. In several of the Specimens, they are seen in the Coronal as well as in the Lambdoïdal Sutures. Both of these circumstances favour the idea of the deformity of these Sculls being, to a great degree, the result of an artificial process. It is stated, that individuals of this race have been by no means deficient in intelligence.

Most of the Sculls of the South-Sea Islanders were procured by Samuel Stuchbury, Naturalist to the Pacific Pearl Company, and were nearly all of them taken from Moraïs, or ancient places of sepulture. The Cerebral Cavity is in general of good size; but in some of the specimens there is a remarkable preponderance of the back part of the Head: the Lower Jaws, where present, are well formed. Most of the Sculls exhibit a want of symmetry, which is of precisely the same character in all the specimens; and consists in the flattening of the lateral and back part of the Head; in most instances, on the right side, with a corresponding projection on the left: it is attributed to the unvarying position in which the mother nurses the child, with its head supported by her hand. The inhabitants of Huaheine are described as possessed of good intellect, and easily taught to read and write; are ingenious, and excel in boat-building; and, though professing Christianity, are crafty, and addicted to theft and intoxicating liquors and herbs.

The inhabitants of Raiatea have a very similar character with those of Huaheine; but are both more industrious and more haughty than they.

The natives of Eimeo are described as intelligent, humane, generous, and peaceful: they are tributary to Tahiti; the men of which island are likewise said to be of agreeable and affable dispositions, and to be strongly attached to their Chiefs.

The people of all this group of Georgian or Society Islands are exceedingly libidinous.

The inhabitants of Tahaa, an island four miles distant from Raiatea, had, till lately, maintained their independence, and spoken a peculiar language: their disposition is rather morose; and Christianity, which was forced upon them by Tomatoa, the usurper of Raiatea, has made but little progress among them.

The inhabitants of Rurutu are said to be possessed of mild and gentle dispositions.

Those of Amanu were addicted to the eating of human flesh, and were much dreaded by their neighbours. A short time before the island was visited by the Company's Expedition, they had been conquered by the cannibals of Ana; by whom they were almost extirpated, being reduced to ten men.

The inhabitants of Bow are quiet, indolent, and inoffensive; and live on fish and shell-fish, which they generally eat raw.

The Scull of the Caffre, from which the Cast No. 171 was taken, was procured during one of the late Expeditions, by Dr. Knox, whose testimony fully confirms all that has been said of the amiable and excellent qualities of that deeply-injured race.

SECTION I.

BONES.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(1.) *The Vertebræ—Sternum and Ribs—Scull, and Bones of the Face.*		
1	The Vertebral Column, articulated; including the head, the cervical, dorsal, and lumbar vertebræ, the sacrum, and the cocoyx.		
2	The first Vertebra, or Atlas: mounted on a pedestal.		
3	The second Vertebra, or Dentata: mounted.		
4	The five inferior Cervical Vertebræ: mounted.		
5	The twelve Dorsal Vertebræ: mounted.		
6	The five Lumbar Vertebræ: mounted.		
7	The Sacrum: mounted.		
8	The Coccyx, in two pieces: mounted.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
9	Spine of a Child: a wet preparation.		
10	The Sternum: mounted: the pieces united.		
11	The Sternum: mounted: the three portions not anchylosed.		
12	Section of the Sternum of a Fœtus, with the Cartilages attached. This preparation shews the analogy between the sternum and the vertebræ.		
13	Sternum of a Fœtus, similar to No.12: the Xiphoid cartilage bifid.		
14	Sternal extremity of a Rib; with its cartilage, and a portion of the sternum. The Perichondrium is shewn in this preparation.		
15	Section of the Cartilage of a Rib; shewing its union with the extremity of the rib, and its articulation with the sternum.		
16	The Os Hyoïdes.		

BONES.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
17	The 1st Rib of the left side: mounted.		
18	The 2d Rib of the left side: mounted.		
19	The 3d Rib of the left side: mounted.		
20	The 4th Rib of the left side: mounted.		
21	The 5th Rib of the left side: mounted.		
22	The 6th Rib of the left side: mounted.		
23	The 7th Rib of the left side: mounted.		
24	The 8th Rib of the left side: mounted.		
25	The 9th Rib of the left side: mounted.		
26	The 10th Rib of the left side: mounted.		
27	The 11th Rib of the left side: mounted.		
28	The 12th Rib of the left side: mounted.		
29	The 12 Ribs of the right side; corresponding with the preceding, but not mounted.		

BONES.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
30	The Scull, with the Lower-jaw.		
31	The Occipital Bone: mounted.		
32	The Right Temporal: mounted.		
33	The Left Temporal: mounted.		
34	The Small Bones of the Tympanum, or Ossicula Auditûs.		
35	The right Parietal Bone: mounted.		
36	The left Parietal Bone: mounted.		
37	The Os Frontis: mounted.		
38	The Sphenoïd Bone: mounted.		
39	The Sphenoïd and Ethmoïd Bones united: mounted.		
40	The Ethmoïd Bone: mounted.		
41	The Ethmoïd Bone, with the Ossa Triangularia: on a stand, under a glass cover.	See Letter from Dr. Horner.	Presented to Sir A. Cooper by Dr. W. E. Horner of Philadelphia.
42	A similar Ethmoïd Bone: similarly mounted.		
43	The right Superior Maxillary Bone: mounted.		

BONES.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
44	The left Superior Maxillary Bone: mounted.		
45	The right Os Palati: mounted.		
46	The left Os Palati: mounted.		
47	The right Malar Bone: mounted.		
48	The left Malar bone: mounted.		
49	The right Os Nasi: mounted.		
50	The left Os Nasi: mounted.		
51	The right Os Unguis, or Lachrymalis: mounted.		
52	The left ditto: mounted.		
53	The Vomer: mounted.		
54	The right Inferior Turbinated Bone: mounted.		
55	The left Inferior Turbinated Bone: mounted.		
56	The Lower Jaw-bone: mounted.		
57	The Occipital Bone of the Fœtus: mounted.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
58	The Petrous portion of the Temporal Bone of the Fœtus: mounted.		
59	The Squamous portions of both Temporal Bones from the Fœtus: mounted.		
60	The left Parietal Bone from the Fœtus: mounted.		
61	The right Parietal Bone of the Fœtus: mounted.		
62	The right Half of the Os Frontis of the Fœtus: mounted.		
63	The left Half of the Os Frontis of the Fœtus: mounted.		
64	The right Half of the Os Frontis, remaining united to the left.		
65	The right Os Maxillare superius of the Fœtus: mounted.		
66	The left Os Maxillare superius of the Fœtus: mounted.		
67	The right Os Malæ superius of the Fœtus: mounted.		
68	The Vomer of the Fœtus: mounted.		
69	The Inferior Os Maxillare of the Fœtus: mounted.		

BONES.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
70	The Scull of a Fœtus: mounted.		
71			
72	Calvaria of a Fœtus.		
73	Calvaria of a Fœtus; shewing the anterior fontanelle and the falx.		
74	The Scull of a Fœtus.		
75	A portion of injected Parietal Bone from the Fœtus.		
76	Lower Jaw-bone, remarkably stout: its angle a right one.		
77	Lower Jaw-bone: the angle very obtuse.		
78	Lower Jaw-bone: the ascending plate very broad.		
79	Lower Jaw-bone; about four years old.		
80	Lower Jaw-bone, in advanced age: several of the teeth gone.		
81	Lower Jaw-bone; more nearly edentulous than the preceding.		
82	Lower Jaw-bone: all the teeth gone.		
83	Lower Jaw-bone: absorption further advanced.		

BONES.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
84	Lower Jaw-bone: absorption further advanced than in the preceding.		
85	Calvaria belonging to No. 86.		
86	Basis of the Scull: sinuses marked.		
87	Basis of the Scull.		
88	Another specimen, similar.		
89	Another specimen, similar.		
90	Another similar specimen; with the nasal cavities laid open.		
91	Longitudinal Section of the Scull.		
92	Section corresponding with No. 91.		
93	Scull marked according to the system of Dr. Gall.		A.T.S. Dodd, Esq.
94	Scull of a Male.		
95	Another specimen.		
96	Another specimen.		
97	Another specimen.		
98	Scull of a Female.		

BONES.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
99	Scull of a Female; with Calvaria separated.		
100	Scull of a Male: Caucasian variety.		
101	Another specimen.		
102	Another specimen.		
103	Another specimen.		
104	Another specimen.		
105	Another specimen, with the Lower Jaw.		
106	Another specimen: Ossa Nasi fractured.		
106A	Another specimen.		
107	Another specimen.		
108	Another specimen.		
109	Another specimen.		
110	Another specimen.		
111	Another specimen.		
112	Another specimen.		

BONES.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
113	Scull of a Male; Caucasian variety.		
114	Another specimen.		
115	Another specimen.		
116	Another specimen.		
117	Another specimen.		
118	Another specimen.		
119	Another specimen.		
120	Calvaria of a Male; Caucasian variety.		
121	Scull, apparently that of a Female, of the Caucasian variety: the forehead elevated, but the posterior part remarkably large.		
122	Scull, Caucasian variety: the forehead, though low, is prominent and overhanging.		
123	Scull, Caucasian variety: the forehead low, and contracted.		
124	Scull, remarkably low, and narrow anteriorly; posteriorly large; resembling that of a Negro.		
124^{A}	Part of a Scull from a Mummy, filled with bitumen; brought from the Catacombs of Egypt by Dr. B. Babington.		Dr. B. Babington.

BONES.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
125	Cast of a French Scull, remarkable for its length. The original in the possession of Dr. Spurzheim.		Mr. De Ville.
126	Cast of a Scull of remarkable length and flatness; supposed to have belonged to a Celt.		
127	Cast of a German Scull, remarkably compressed before and behind. The original in the possession of Dr. Gall.		Mr. De Ville.
128	Cast of the Scull of Robert Bruce, King of Scotland.		Dr. Hodgkin.
129	Cast of the Head and Face of Mr. Ackermann, of London.		Mr. De Ville.
130	Cast of the Head and Face of Mr. Gosse of Epsom: the cranium much compressed from side to side: the frontal portion much developed.		Mr. De Ville.
131	Cast of the Scull of the Buffoon of Vienna. The original in the possession of Dr. Gall.		Mr. De Ville.
132	Cast of an ancient Scull from St. Alban's; supposed to be that of an Abbot.		
133	Cast of the Scull of Humphrey, Duke of Gloucester; from St. Alban's.		
134	Cast of a Scull from St. Alban's; supposed to be that of a Saxon. Several others were discovered at the same time, but they were in a very imperfect state of preservation.		

BONES.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
135	Cast of a Scull from St. Alban's, remarkable for its form: the frontal bosses are very large, and laterally prominent: the upper part of the os occipitis projects greatly, and appears to have started from the lambdoïdal suture.		
136	Cast of a small, but beautifully-formed, Scull from St. Alban's. It was found, separately interred under an oak, in a well-built square cavity.		
137	Cast of the Scull of Pollock, who murdered his wife at Falkirk near Glasgow.		Dr. Wright.
137^A	Scull of a reputed Lunatic, confined 25 years in the Norfolk-and-Norwich Asylum. He was of a morose, retiring, and highly-irritable disposition. He had been tried for an attempt at murder, having stabbed a man in the testes. He was found guilty; but his friends succeeded in urging a plea of insanity, the correctness of which was much doubted.		Mr. Dalrymple.
138	Cast of the Head and Face of the Amsterdam Ideot, taken at 26 years of age.		Mr. De Ville.
139	Cast of the Scull of a Hindoo. The original in the possession of Mr. De Ville.		Mr. De Ville.
140	Scull of Tyloolick, an Esquimaux attached to one of Captain Parry's Expeditions.		Mr. Browell.

BONES.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
141	Cast of a Scull found in a Barrow or Tumulus near the Falls of Niagara. Tumuli of the same description are numerous in that part of the country; and are attributed, by the present natives, who do not adopt this mode of sepulture, to an extinct race, which inhabited the country previously to themselves. It bears a strong resemblance to the Esquimaux head.		Capt. Chapman.
142	Cast of a Scull, less perfect than the preceding, but found in a similar situation.		Capt. Chapman.
143	Cast of a Lower Jaw-bone, found with one of the preceding sculls, or in a similar situation.		Capt. Chapman.
144	Part of a Large Shell, which appeared to have been used as a breast-plate; found with the preceding.		Capt. Chapman.
145	Cast of a Large Shell, truncated, to be used as a trumpet: found, with several copper bracelets, in the same situation as the preceding.		Capt. Chapman.
146	Scull of a Flat-Head Indian Child, from the Columbia River.		B. Harrison, Esq.
147	Model of the preceding.		B. Harrison, Esq.
148	Scull of an Adult of the same race.		B. Harrison, Esq.
149	Another specimen.		B. Harrison, Esq.
150	Another specimen.		B. Harrison, Esq.

BONES.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
151	Scull of an Adult of the same race as the preceding.		B. Harrison, Esq.
152	Another specimen.		B. Harrison, Esq.
152ᴬ	Cast of the Scull of a Peruvian.	Cat. I. 48.	J. Brookes's Collection.
153	Scull of a Native of the Island of Huaheine. —This and the 12 following were obtained by Samuel Stuchbury, Esq., the Naturalist to the Pacific Pearl Company.	See the Note which accompanied them.	Pacific Pearl Company.
154	Another specimen.		The same.
155	Another specimen.		The same.
156	Another specimen.		The same.
157	Scull of a Native of the Island of Raiatea (the Ullietea of Captain Cook).		The same.
158	Another specimen.		The same.
159	Scull of a Native of the Island of Eimeo.		The same.
160	Scull of a Native of the Island of Tahiti (the Otaheite of Captain Cook).		The same.
161	Scull of a Child, a Native of the Island of Tahaa (the Otaha of Captain Cook).		The same.
162	Scull of a Native of the Island of Rurutu (the Oheitersa of Captain Cook).		The same.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
163	Scull of a Native of Amanu.		Pacific Pearl Company.
164	Scull of a Native of Hau (the Bow of Captain Cook).		The same.
165	Another specimen.		The same.
166	Prepared Head of a New-Zealand Chief.		Sir A. Cooper.
167	Cast of the Scull of a Sandwich Islander.		
168	Cast of the Scull of a Native of Madagascar.		Dr. J. Ritch.
169	Cast of the Scull of a Native of Mozambique.		
170	Another specimen.		
171	Cast of a Scull of a Caffre. The original in the possession of Dr. Knox.		Dr. Hodgkin.
172	Scull of a Negro.		
172^{A}	Another specimen, with the Lower Jaw.		
	(2.) *Bones of the Upper Extremity.*		
173	Scapula, Clavicle, and Upper Extremity, articulated: from the left side.		
174	The Scapula: right side: mounted.		

BONES.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
175	The Clavicle: right side: mounted.		
176	The Os Humeri: right side: mounted.		
177	The Radius: right side: mounted.		
178	The Ulna: right side: mounted.		
179	The Bones of the Carpus: right side: mounted.		
180	The Metacarpal Bones: right side: mounted.		
181	The Phalanges: right side: mounted.		
182	Scapula of a Fœtus.		
183	Scapula of an Infant: injected.		
184	Humerus of a Fœtus: Epiphyses in a cartilaginous state.		
185	Another specimen; shewing a longitudinal section of the extremities.		
186	Another specimen; shewing a longitudinal section of the extremities of an Infant. The Periosteum shewn.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
187	Transverse Section of the inferior Epiphysis of the Humerus, from a young subject; injected, and shewing the deposition of bone in cartilage.		
188	Radius and Ulna of a Fœtus.		
189	Three Sections of Bone; shewing the Medullary Arteries.		
	(3.) *Bones of the Lower Extremity.*		
190	The left Os Innominatum, and lower extremity, articulated.		
191	The Os Innominatum: right side: mounted.		
192	The Os Femoris: right side: mounted.		
193	The Patella: right side: mounted.		
194	The Tibia: right side: mounted.		
195	The Fibula: right side: mounted.		
196	The Os Calcis: right side: mounted.		
197	The Astragalus: right side: mounted.		
198	Bones of the Tarsus: right side: mounted.		

BONES.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
199	Bones of the Metatarsus: right side: mounted.		
200	The Phalanges: right side: mounted.		
201	Os Innominatum of a Fœtus.		
202	Right Os Innominatum of a young subject: the bone scarcely united.		
203	Left Os Innominatum of a young subject.		
204	Os Femoris of a Fœtus.		
205	Epiphyses of the Femur in the fœtal state.		
206	Os Femoris of a Fœtus; shewing a longitudinal section of the extremities.		
207	Section of injected Os Femoris from a Child; shewing the vascularity of bone, and the deposition of bone in the cartilage of the Epiphyses.		
208	Tibia of a Fœtus; shewing the Medullary Artery injected with mercury. The Periosteum shewn.		
209	Tibia of an Infant; shewing the Medullary Artery injected with mercury.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
210	Os Femoris of a Child; with the Periosteum injected.		
211	Section of the head and neck of the Os Femoris.		
212	Os Femoris from a very old subject; shewing a section of the head and neck of the bone, which are much depressed.		
213	Section of the head and neck of the Os Femoris; shewing where the cancellated structure is the strongest.		
214	Longitudinal section of the Os Femoris (from side to side).		
215	Section of the inferior extremity of the Os Femoris; shewing the cancellated structure of the Epiphysis and end of the bone; from a subject in whom the epiphisis is scarcely united.		
216	Another specimen; from a subject further advanced in age.		
217	Tibia and Fibula of a Fœtus.		
218	Section of the Fibula of a Fœtus; shewing the Medullary Artery injected with mercury.		
219	Section of the Tibia of a Fœtus; shewing the Medullary Artery injected with mercury.		

BONES.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
220	Portion of the upper extremity of the Tibia, calcined; shewing the proportion of earthy matter in the shell and cancellated structure.		
221	Section of the Tibia: inner side.		
222	Section of the Tibia: outer side.		
223	Section of the Fibula; injected, and deprived of its earthy matter.		
224	Longitudinal sections of the right Fibula.		
225	Section of the Patella of a Fœtus: injected.		
226	Patella of a young subject, injected, and immersed in turpentine; shewing commencing ossification.		
227	Another specimen: ossification further advanced.		
228	Injected Patella; ossification not quite complete.		
229	Patella found in a Barrow or Tumulus attributed to the Ancient Britons.		Mr. Tupper.
230	Patella from a Barrow or Tumulus, attributed to the Ancient Britons: the bony matter removed by acid.		Mr. Tupper.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
231	Section of an Injected Foot of an Infant; shewing the deposition of bone in cartilage.		
232	Section of the Os Calcis of an Infant: injected.		
233	Articulated Vertebral Column and Pelvis (Female).		
234	Articulated Vertebræ.		
235	Female Pelvis, articulated.		
235^{A}	Male Pelvis, articulated.		

OBSERVATIONS ON SECTION II.

OF PART I.

The Anatomy of the Soft Parts about the Skeleton, which form the subject of this Section, being principally illustrated by recent Specimens, comparatively few Preparations have been collected under this head: these chiefly relate to the Articulations, and the general Anatomy of Muscles.

From the importance of the Muscular Tissue, as the principal agent of Animal Motion, the investigation of its ultimate structure has obtained the attention of many distinguished Anatomists and Physiologists, who have by no means agreed in the conclusions at which they have severally arrived. Within the last few years, it has been very generally believed, on the authority of Meckel, Home, Bauer, and Dr. H. M. Edwards, that the Muscular Fibre is ultimately composed of globules, combined in a linear arrangement. The Editor, and his friend J. J. Lister, when engaged in the examination of the Animal Tissues, by the aid of the achromatic compound microscope in the possession of this Gentleman, and which, from its superior power, removes some of the optical illusions under which the Anatomists above mentioned, from the nature of their instruments, must necessarily have laboured, were induced to pay particular attention to the Muscular Fibre. The following is extracted from their observations.

" The Muscular Tissue may be easily seen with the naked eye, or with the assistance of a comparatively feeble lens, to be composed of bundles of Fibres held together by a loose and fine Cellular Membrane; and these Fibres are again seen to consist of more minute Fibrillæ. It is difficult to push the Mechanical Division much further; for the softness of the Muscular Substance is such, that it is either crushed, or breaks off, rather than admit of further splitting. If a piece of one of the most delicate of the

Fibrillæ last arrived at be placed on a piece of glass in the field of the microscope, lines may be seen parallel to the direction of the Fibre, which shew a still further division into Fibres. Although no trace of globular structure can be detected, innumerable very minute, but clear and fine parallel lines, or Striæ, may be distinctly perceived, transversely marking the Fibrillæ. In some instances they seem to be continued, nearly or quite at right angles, completely across the Fibril; but frequently the Striæ in one part are opposite to the spaces in another, by which arrangement a sort of reticulated appearance is produced. The Striæ are not in all specimens equally distant; but this may, perhaps, be owing to the elongation or contraction of the Fibre. We have discovered this peculiar and very beautiful appearance in the Muscles of all animals which we have yet examined: and as we have seen it in no other Tissue, we have been induced to view it as a distinguishing feature of Muscle."

[Vide *Philosophical Magazine and Annals*, *Aug.* 1827.

SECTION II.

SOFT PARTS ABOUT THE BONES:

MUSCLES, SYNOVIAL MEMBRANES, LIGAMENTS, CARTILAGES, AND FIBRO-CARTILAGES.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	Muscles—Tendons—Aponeuroses.		
236	Muscle, injected: (Diaphragm.)		
237	Muscle and Tendon, injected: (Diaphragm.)		
238	Flexor Longus Pollicis, injected: (Peniform Muscle.)		
239	Tendon, injected.		
240	Right Biceps Flexor Cubiti of an Infant: injected.		
241	Left Biceps Flexor Cubiti of an Adult.		
242	The Triceps Extensor Cubiti of an Infant.		
243	Bursa of the Biceps Flexor Cubiti.		
244	Bursa of the Tendo Achillis.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
245	Articulation of the Ribs, with the Sternum.		
246	Sterno-Clavicular Interarticular Cartilage.		
247	Articulation of a Rib, with its Cartilage.		
248	Articulation of the Lower Jaw.		
249	Section of the Bones of the Upper Extremity, attached by their ligaments: injected.		
250	Ligaments of the Elbow.		
251	Interarticular Cartilage of the Ulna.		
252	Ligaments of the Wrist and Hand.		
253	Female Pelvis, with its Ligaments and Hip-joints.		
254	Male Pelvis, with its Ligaments.		
255	Another specimen.		
256	Ligaments of the Hip-joint.		
257	Ligaments of the Knee-joint.		
258	Ligaments of the Knee, injected.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
259	Knee-joint: injected, and laid open.		
260	Crucial Ligaments of the Knee-joint.		
261	Semilunar Cartilages.		
262	Semilunar Cartilages of the Knee-joint, from an injected subject.		
263	Section of the Semilunar Cartilages; shewing their fibrous structure.		
264	Lower extremity of the Os Femoris, to shew the Articular Cartilage of the Condyles.		
265	Patella and Tendon of the Rectus.		
266	Bursa under the Tendon of the Rectus.		
267	Ligaments of the Ancle and Foot: wet.		
268	Ligaments of the Tarsus and Metatarsus: dry.		

OBSERVATIONS ON SECTION III.

OF PART I.

Notwithstanding the importance of the Organs comprised in this Section, very few remarks respecting them appear to be called for in this place. The disposition of the Muscular Fibres of the Heart may be well shewn, by a process which has been attempted in Preparation, No. 275; and which consists in indurating the Muscular Fibres, and at the same time softening the Cellular Tissue by continued boiling, taking such precautions to secure the form of one or more of the different Cavities as the particular object of the Preparation may require. The arrangement of the Fibres ascertained in this manner was long since well described by Lower; but has been, to a great degree, overlooked or neglected by most succeeding anatomists. A few years ago, the subject was taken up by Dr. Duncan, who, without the knowledge of what Lower had done, completely confirmed, but at the same time added to, the facts which he had made known.

The structure of the Arteries presents a question by which Physiologists have been long divided; some contending for their muscularity; others denying them this property. The following extract from the article already alluded to tends to confirm the opinion maintained by the latter.

" The Middle Coat of these vessels being still regarded by some persons as muscular, we were desirous of discovering whether its minute structure was at all more favourable to such an opinion than its chemical composition. Its subdivision may be carried as far as that of any tissue; and it evidently consists essentially of long, straight, very delicate, and even Fibres, which offer no more trace of those transverse Striæ, which we have regarded as the peculiar characteristic of Muscle, than they do of elementary Globules.

"The Inner Coat, when completely detached from other structures, and presenting the appearance of a very thin, uniform, and almost transparent Membrane, is also, by the aid of the microscope, seen to be composed of Fibres, which are extremely delicate, smooth, and uniform, but very tortuous and matted together, in the form of an intricate Plexus."—See *Philosophical Magazine and Annals, Aug.* 1827.

If muscularity be denied to the Arteries, this faculty must, *à fortiori*, be foreign to the Veins. Yet, in some animals, if not in man, the Venæ Cavæ, just before they terminate in the right Auricle, possess a few Fibres, having both the function and structure of Muscle. Dr. Knox has frequently witnessed the proof of this fact, in the shark.

The testimony of numerous observers concurs to prove, that the principal branches of the Absorbent System are possessed of a certain degree of contractile power; yet if muscularity be denied to the Arteries and Veins, it can scarcely be attributed to the Lymphatic Vessels. The importance of these last vessels, with respect to the function of absorption, continues to present a question by which Physiologists are divided: some consider that it is by these vessels alone that absorption is effected; others, that this function is the joint office of the Lymphatics and the Veins, but that it more particularly belongs to the latter. Those who are desirous of examining this question, will find its merits discussed by Cruickshank, Magendie, Tiedmann and Gmelin, Fodera, Leonardo Franchini, and more especially by Fiscinus and Seiller, who have not only given an elaborate historical review of the controversy, but have also added numerous experiments of their own. The question is likewise examined in the "Editor's Thesis de Absorbendi Functione; Edinburgh, 1823;" in which some facts are also brought forward, which make it appear not altogether improbable that these vessels are subservient to a process of separation; that, although some fluids may be carried by either set of vessels indiscriminately, other substances are restricted to one of them; in fact, that whilst the Lymphatic Vessels act more particularly on those fluids which possess an alkaline tendency, the Veins, on the other hand, admit the acids and substances allied to them.

The obscurity which involves the question respecting the functions of these two sets of vessels has been unwittingly and unavoidably increased by the operation of various poisonous substances having been employed as the test of the action and energy of these vessels. The experiments of Dr. Addison and John Morgan, which point to another system, the *nervous*, as the medium through which poisons produce their effects, whilst they invalidate many experiments and arguments, both of the supporters and opponents of Venous Absorption, leave the question at issue between them in *statu quo*.

Numerous communications between the Lymphatic and Venous Systems, besides those which take place at the termination of the Thoracic Duct and Right Trunk, have long been admitted by many Anatomists, not only in the larger, but also in the smaller branches. These communications have, however, been much more minutely examined and insisted upon, in consequence of the recent labours of Fohmann, Lowth, and Lippi. It is attempted, by the help of these communications, to explain the cause of discordance between Physiologists respecting the function of Absorption; and to carry the question in favour of those who maintain the doctrines of Hunter, as to the sole agency of the Lymphatic System in the performance of this process.

The question, however, cannot be settled in this manner; since, on the supposition that the presence of absorbed substances in the Veins depends on these vessels receiving some branches of the Lymphatic System, it is manifest that the indications of the presence of these substances ought to be considerably stronger in the Lymphatics than in the Veins; but it has been repeatedly shewn, that, with respect to many absorbed substances, this is by no means the case. If, to avoid this objection, it be urged that the short Lymphatics which empty themselves into the

Venous branches are distinct in nature and office from the systems of the Thoracic Duct and right Trunk, the old dilemma of Venous or Lymphatic Absorption is avoided by calling in the assistance of a third and new set of vessels, the peculiarities and even the existence of which will probably long afford matter for examination and discussion to Anatomists, before the question can be set at rest. Yet, if their supposed existence and functions be conceded, they must necessarily be regarded as a variety of Venous Radicals; and the theory of Absorption founded upon them must be allowed to bear the closest affinity to the old doctrine of Venous Absorption.

SECTION III.

THE HEART,

AND VASCULAR OR CIRCULATORY SYSTEMS.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(1.) *The Heart.*		
269	Heart: cavities injected with red and yellow wax.		
270	Injected and dried Preparation of the Heart and Large Vessels, made by John Hunter.		Mr. Roots of Kingston.
271	Heart and Large Vessels, filled with wax: the Coronary Arteries and Veins well injected.		
272	Child's Heart, filled with wax; the right side with yellow, and the left with red.		
273	Heart and Large Vessels, filled with wax. —This preparation shews the position of the heart with respect to the vessels: also the Thoracic Duct, which in this subject is double in a part of its course, terminating in the angle formed by the left Subclavian and Jugular Veins.		
274	Transverse Section of a dilated Heart; shewing the interior of the Ventricles.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
275	Heart which has been boiled, and the outer muscular layer peeled off, to shew the direction of the muscular fibres of the ventricles.		
276	Coroded Preparation; shewing the form and extent of the Cavities of the Heart: the right in green, and the left in red. From a young subject.		
277	Impression of the Cavities of the Heart: those of the right side in dark green: those of the left, and the Coronary Arteries, in red. A coroded preparation.		
278	Impression of the Cavities of the Heart, in green wax: the Coronary Arteries in red. A coroded preparation.		
279	Heart laid open; shewing the Valves.		
280	Another specimen.		
281	Heart, dried and cut open; to shew the Tricuspid and Mitral Valves.		
282	Another specimen.		
283	Another specimen.		
284	Another specimen.		
285	Tricuspid Valve: a dry preparation.		
286	Mitral Valve: a dry preparation.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
287	Valves of the Aorta and Pulmonary Artery: a wet preparation.		
288	Semilunar Valves of the Aorta and Pulmonary Artery: a dry preparation.		
289	Valves of the Aorta and Pulmonary Artery, dried, and immersed in spirit of turpentine.		
290	Transverse Section of the Heart, near the base of the ventricles; shewing the Semilunar Valves of the Aorta and Pulmonary Artery.		
291	Heart, injected; together with the Large Vessels, which are left of considerable length.—This preparation shews the Coronary Arteries and Veins, and the Absorbent Vessels, which are filled with mercury.		
292	Heart of a Fœtus, dried; and its cavities laid open.		
293	Heart of a Fœtus: the Foramen Ovale nearly closed: a wet preparation.		Mr. Dodd.
294	Another specimen; shewing the Foramen Ovale.		
295	Heart of an Infant: the Foramen Ovale nearly closed; the membrane rather cribriform.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
296	Heart of a Fœtus, filled with wax; shewing the Canalis Arteriosus.		
297	Heart of a Fœtus, and Principal Vessels, injected; shewing the Canalis Arteriosus and Umbilical Arteries.—The subject much younger than the preceding.		
298	Preparation illustrative of the Fœtal Circulation.		
299	Another specimen.		
300	Another specimen.		
	(2.) *Arteries.*		
301	Coats of an Artery separated.		
302	Injected Artery; shewing the Vasa Vasorum.		
303	Right Subclavian Artery, arising from the Aorta, and passing behind the Œsophagus: the Vertebral given off from the Right Carotid.		
304	Both Carotids arising from the Arteria Innominata: the right Subclavian arising from the Aorta after the left, and passing behind the Œsophagus. The External Epigastric Artery arose from the Internal Iliac.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
305	Left Carotid, arising from the Arteria Innominata.		
306	Vertebral Artery, given off from the arch of the Aorta.		
307	Vertebral Column; with the Aorta and Vena Cava superior, and their principal branches.—The Thoracic Duct is shewn, with its termination at the angle between the left Subclavian and Jugular Veins: on the right, the Absorbent Trunk, from the Neck.		
308	Arteries of the Head, Neck, and Axilla.		
309	Vessels of the Head; shewing the branches of the External Carotid, excepting the Internal Maxillary: an old preparation.		
310	Arteries of the Exterior of the Head and the Internal Maxillary.—Some of the Sinuses of the Dura Mater, and Veins of the Neck, filled with yellow wax.		
311	Arteries of the Head:—those of the Dura Mater, the Internal Maxillary, and the Vertebrals.		
312	Upper Quarter of a small subject; shewing the Arteries of the Head, Spinal Canal, Neck, and Arm.		
313	Half of the Head, Neck, and Thorax, of a young subject; shewing a few of the Arteries of the Head and Neck, and the Internal Mammary.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
314	Arteries about the Scapula and upper part of the Humerus.		
315	Left inferior Thyroïd, arising from the Arteria Innominata, and lying in front of the Trachea.		
316	Arteries of the Upper Extremity: most of the branches shewn.		
317	Arteries of the Upper Extremity.		
318	Small and imperfect preparation of the Arteries of the Upper Extremity.		
319	Arteries of the Upper Extremity.		
320	Another specimen: the branch to the Subscapularis and the Profundus Humeralis coming off together by a common trunk, and the Brachial dividing in the middle third of the Humerus.		
321	Dry preparation of the Arm, from a little below the Elbow; the Anastomoses about the Elbow, and the superficial Palmar Arch.		
322	Arteries of the Upper Extremity of a Child.		
323	Arteries of the Fore Arm and Hand.—The Ulnar, which appears to come off high up, and is small, receives a large anastomosing branch from the Radial.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
324	Small preparation of the Arteries of the Upper Extremity: the division of the Brachial, opposite the middle of the Humerus.		
325	Arteries of the Upper Extremity: high division of the Brachial.		
326	Arteries about the Elbow-joint.		
327	Arteries of the Hand.		
328	Another specimen.		
329	Arteries of the right side of the Pelvis, and the upper part of the Thigh, of an Infant.		
330	Arteries of the right side of the Pelvis, and the upper part of the Thigh: the Obturator given off from the Femoral.		
331	Arteries of the Pelvis and Lower Extremity.		
332	Arteries of the Pelvis and Lower Extremity of a Child.		
333	Popliteal Artery, and its branches; with the Leg and Foot.		
334	Another specimen.		
335	Arteries of the Leg and Foot.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
336	Arteries of the Leg and Foot.		
336A	Arteries of the Leg and Foot, shewing a variation in the distribution.—The posterior Tibial wanting, and the Peroneal large.		
337	Popliteal Artery, and its branches: a preparation in a glass jar.		
338	Arch of the Aorta, inferior part of the Trachea, and division of the Bronchi; with the Bronchial Arteries ramifying in the divisions: a dry preparation.—A bronchial gland ossified.		
339	Bronchi, and Bronchial Artery: a dry preparation.		
	(2.) *Veins.*		
340	Injected Vein, shewing the Vasa Vasorum.		
341	Portion of a Vein; laid open, to shew its valves.		
342	Valves of the internal Jugular Vein.		
343	Valves of a Vein.		
344	Another specimen: dry preparation.		
345	Another specimen: dry preparation.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
346	Anastamosis of Veins; shewn in a portion of Intestine, injected with yellow size, and immersed in turpentine.		T. Forster, Esq.
347	Sinuses of the Dura Mater, filled with yellow wax.		
348	Sinus Venosus of a Child.		
349	Another specimen.		
350	Veins of the Hand, injected with quicksilver from the Arteries.		
351	Another specimen, injected with tallow from the Arteries.		
352	Veins of the Fingers, injected with quicksilver.		
353	Head, Neck, and Thorax: the Heart, Arteries, and Veins, injected.		
354	The Dorsal Vertebræ, with the Aorta, Venæ Cavæ, Vena Azygos, and Thoracic Duct.		
355	Upper Extremity; shewing the Arteries, Veins, and Nerves: dry preparation.		
356	Veins about the Elbow-joint, with some of the Arteries and Nerves.		
357	Side View of the Pelvis: the Veins injected, particularly those of the Bladder.		C. A. Key, Esq.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(4.) *Absorbent Vessels, and their Glands.*		
358	Thoracic Duct, filled with green wax.		
359	Thoracic Duct, double in the middle.	Red Insp. Book, page 168. Case of Mary Gurney.	
360	Thoracic Duct, double at its termination.		
361	Termination of the Thoracic Duct.		
362	Thoracic Duct, filled with mercury.		
363	Portion of Small Intestine and Mesentery; shewing the Lacteals, filled with mercury.		
364	Absorbents of the Bladder.		
365	Absorbents of the Spermatic Cord.		
366	Vas Deferens, and Absorbents of the Cord.		
367	Absorbents of the Penis.		
368	Absorbents of the Heart.		
369	Absorbents on the surface of the Lung.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
370	Absorbents of the Lung.		
371	Another specimen.		
372	Absorbents of the Liver.		
373	Absorbents of the Skin.		
374	Absorbents of the External Ear.		

OBSERVATIONS ON SECTION IV.

OF PART I.

It has been asserted, that the structure both of the Medullary Central Masses of the Nervous System, and also of its branches, is ultimately globular. The following extracts from the microscopical observations already alluded to, tend to prove that this is by no means the case.

Brain.—"If there is any organized animal substance which seems more likely than another to consist of globular particles, it is undoubtedly that of the Brain. Our examination of it has, as yet, been but slight; but we have noticed, that when a portion of it, however fresh, is sufficiently extended to allow of its being viewed in the microscope, one sees, instead of globules, a multitude of very small particles, which are most irregular in shape and size, and are probably more dependent on the disintegration than on the organization of the substance. The structure of some other parenchymatous parts appears equally indeterminate, presenting neither globule nor fibre."

Nerves.—"These appear to be essentially composed of Fibres, but their structure is looser than that of Muscle. Though the Fibres of Nerves do not form such intricate plexuses as those of some other Tissues, their course is by no means straight. We have looked in vain for globules, as well as for any trace of Medullary matter, which has been somewhat gratuitously supposed to be inclosed in the Nerves."

It is generally known, that, within the last few years, our knowledge of the Anatomy of the Brain has been greatly enriched by the labours of Gall and Spurzheim, Reil, Tiedmann, Seres, Mayo, &c. &c.

Those of Dr. Foville, of Rouen, though not less remarkable, are not so generally known. As his views differ, in some important particulars, from those of the Anatomists above enumerated, the following extract is given from a translation of his unpublished Mémoire, presented to the Academy of Sciences of Paris on the 24th March 1828.

"The Spinal Marrow is composed of two symmetrical portions, in each of which we perceive three distinct bundles or columns; an anterior, a posterior, and a middle. On their exterior are two orders of insertions of Nerves; and within each of the lateral halves which are united by a commissure of Medullary matter, we find a line of Cineritious matter. The size of the Spinal Marrow is most considerable at the upper part of the cervical portion, where it takes the name of Medulla Oblongata, and presents several distinct enlargements. The most important of these are, the Corpora Pyramidalia, which decussate at the upper part; the Corpora Olivaria, the Corpora Restiformia; and the Corpora Pyramidalia Posteriora.

" One part of these enlargements is prolonged into the brain, another into the Corpora Quadrigemina, and a third into the Cerebellum.

" The Corpora Pyramidalia Anteriora are the only parts in which there is an evident decussation of fibres.

" The Cerebellum is the continuation of the Corpus Restiforme; which meeting with, and confounding itself with, the bundle of nervous matter designated by the name of Processus ad Testes, and with the larger bundle proceeding from the Tuber Annulare, forms a mass, at first somewhat rounded, but which soon expands into a fibrous plain, which extending, from within, outwards, reaches the Cineritious matter at the circumference; when, expanding itself both above and below into a white and very fine layer, it lines the Cineritious matter, accommodating itself to all its folds, which are applied to the two surfaces of the large plain formed by the concurrence of the three nervous bundles, as already mentioned.

" One part of this plain is reflected backwards, from without, inwards, towards the median line, and, with its fellow, forms, within the substance of the Processus Vermiformis, a commissure analogous to the Corpus Callosum of the Cerebrum.

" Thus the three processes which constitute the Crus Cerebelli penetrate the Medullary Matter of the Cerebellum; and, lining it with a surface of white matter, are enveloped by it, as the stem of a young Champignon is by its cap. Reil had already seen a part of this arrangement.

" The Corpora Quadrigemina receive from the Medulla Oblongata two bundles of Fibres, which are easily traced to the Corpora Olivaria.

" Lastly, the Cerebrum receives, through the intervention of its Crura, the remaining bundles of Fibres which enter into the composition of the Medulla. Each Crus Cerebri is composed of two distinct bundles of Fibres. One of these is the continuation of one of the Anterior Pyramids of the Medulla Oblongata; which, decussating with its fellow at the upper part, and passing from behind, forwards, crosses at right angles the transverse Fibres of the Tuber Annulare, before which they are so disposed as to form a sort of groove. The Posterior bundle, of which I have next to speak, is lodged in this groove, and completes the Cylinder of the Crus Cerebri.

" This Posterior bundle of the Crus Cerebri, proceeding from the posterior part of the Medulla without decussating with its fellow, passes over the superior transverse Fibres of the Tuber Annulare on which its inferior surface rests, whilst its superior forms the floor of the fourth Ventricle.

" Throughout the whole extent of the Crus, properly so called, these two bundles, though more and more closely approximating, remain nevertheless distant, being separated by a black substance, the Locus Niger. They proceed nearly parallel to each other, till they diverge in the Corpora Striata and Thalami Nervorum Opticorum; and form a plain, of which all the rays tend towards the curved line which limits the Corpora Striata and Thalami on the outer side.

" At this point, to which we have traced the radiating Fibres of the Crus Cerebri, we find the commencement of a different arrangement: but before speaking of this, it will be proper clearly to define whence we are to set out.

" The fibrous expansion of the Crus forms, in the substance of the Corpus Striatum and Thalamus, a large plain directed obliquely outwards and upwards. This plain separates the Cineritious matter of the Corpus Striatum into two nearly equal portions; of which, the one rests on the superior face of the plain, and is that which we see projecting into the Ventricle; the other, placed beneath the plain, is, as it were, lost in the mass of the Hemisphere. This broad plain of the Corpus Striatum and Optic Thalamus, or, in other words, the expansion of the Crus Cerebri, presents nearly the figure of a triangle bounded by two straight lines and a curved one: the two straight lines are, the two sides of the Crus : the curved line is the boundary of the Corpus and Thalamus to the outer side of the Ventricle. It is to this curved line, as to a circumference, that the radiating Fibres of the Crus are directed. This line, the imaginary limit of the expansion of the Crus, we shall assume as the origin of other parts which we are now about to examine.

" From this line, on the outer side, there proceed three perfectly distinct plains or layers, placed one above another at their origin, whence each pursues a particular course.

" 1*st Plain.*—The superior plain, which, on account of its distinction, we may call the Plain of the Ventricle, or the Plain of the Corpus Callosum, arising from the curved line before mentioned, mounts on the outer side of the Corpus Striatum and Thalamus, to which it is applied; having, in the first part of its course, a nearly vertical direction. It forms a slight convexity outwards; and then, bending inwards horizontally towards the median line, unites with its fellow, with which it concurs to form the Corpus Callosum.

" Thus the Corpus Callosum, as a whole, represents a roof, of which the sides proceeding from the plain of the Corpus Striatum and Thalamus are continuous with the Crura Cerebri, and have nothing to do with the Hemispheres, properly so called. In other words, the Corpus Callosum is a true commissure of the Crura Cerebri. But do its Fibres pass from one side to the other across the median line? Is there upon this line an anastomosis of Fibres? These are questions to which my examinations of this part have not yet enabled me to reply.

" *2d Plain.*—Immediately beneath the plain which we have just examined, and from the same line, is separated a second plain, which, from its destination, we shall be warranted in calling the Plain of the Hemisphere. This plain, at first ascending parallel to that of the Corpus Callosum, to which it is applied in the first part of its course, afterwards quits that plain, where it is reflected inwards; and continuing in a nearly vertical direction, reaches the Cineritious matter of the convolutions along the Curved Line, at which the convex external and the flat internal surface of the Hemisphere meet each other; that is to say, it reaches the most elevated part of the Hemisphere along its whole length.

" Both to the inner and the outer side of its insertion, this plain is expanded beneath the grey matter which it lines in the form of a white layer, of which the fibrous structure is not nearly so evident as is that of the plain itself. This expansion follows all the folds of the grey substance, and, conjointly with it, constitutes the convolutions which are applied to the two surfaces of the plain of the Hemisphere.

" When this plain is examined on its upper surface, we see Fibres, of which all the bundles radiate towards the circumference; where they are inserted and converge towards the expansion of the Crura, of which its Fibres are evidently the continuation.

" *3d Plain.*—Beneath this Plain of the Hemisphere, but still arising from the same line, there proceeds a third plain, of less extent than the two preceding, and taking quite a different direction.

" This plain, immediately after its emersion from the origin common to it and to the two first-mentioned plains, descends to the outer side of the inferior half of the grey substance of the Corpus Striatum, invests it below, and, advancing inwards, meets the corresponding plain from the opposite side, and, ascending in juxta-position with it on the median line, forms the Septum Lucidum of the Ventricles.

" It is not all the Fibres of this plain which go directly to the Septum Lucidum. A considerable portion pass backwards, of which some form an expansion belonging specially to the Temporal Lobe; whilst others reach the large extremity of the Cornu Ammonis, and, becoming continuous with the Corpus Fimbriatum, pass into the Fornix, and thus form another communication with the Septum Lucidum.

" I have too much consideration for the time of the Academy of Sciences, to allow myself to enter more minutely into anatomical details: and now proceed to the examination of the combination and mutual relation of the parts, to the consideration of which the preceding facts naturally lead.

" If, when we have separated all the plains, so as to see their reciprocal relations, we make a transverse vertical section of the Brain, at that part which corresponds to the Coronal Suture, we may observe at the centre of this section a surface of two inches in diameter, which nearly resembles the section of a cylinder. The circumference of this cylinder, which is slightly hollowed both above and below, is entirely composed of Medullary matter. About the middle of its thickness we see, on each side, a large white surface; above and below which are two grey surfaces. The plains of the Hemispheres extend to the right and left, from the sides of this cylinder; and do not exceed two lines in thickness.

" If we compare this section with a transverse section of the Spinal Marrow, we cannot help being struck with the remarkable analogy which exists between the Spinal Marrow and the central part of the Brain.

" In both, the external part is extremely white: in both, there are four grey surfaces separated by Medullary matter; the proportion of which, it is true, differs in the two cases, but the analogy is preserved in the arrangement. Lastly, the Nerves which rise from each side of the Spinal Cord are represented by the plain of the Hemispheres, which we may consider as a series of Nerves in close apposition.

"This analogy is by far the most striking, when the comparison is made with a section of quite the upper part of the Spinal Cord of an Infant.

"An important observation may be made with the Brain of a Child of two or three years of age. A transverse vertical section at the part opposite to the Coronal Suture displays the arrangement above described. Simple but well-defined white lines mark the central cylinder, analogous to the Spinal Marrow; and indicate the course of each of the three plains, which are not to be distinguished in the adult Brain until they have been artificially separated."

SECTION IV.

THE NERVOUS SYSTEM, AND ORGANS OF THE SENSES.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
375	Artery, Nerve, and Vein.		
	(1.) *Spinal Chord.*		
376	Inferior portion of the Spinal Marrow, and Nerves arising from it, inclosed in the Dura Matral Covering.		
377	The Cauda Equina.		
	(2.) *Brain.*		
378	The Brain.		
379	Cast of the Brain.		
380	Portion of Brain; shewing the depth of the Convolutions, and the Pia Mater, injected, dipping into them.		
381	Longitudinal section of the Brain; injected.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
382	The Pineal Gland.		
383	Portion of Arachnoïd and Pia Mater: the latter injected.		
384	Dura Mater, injected.		
385	Another specimen.		
386	Section of the Cranium; shewing the Processes of the Dura Mater.		
	(3.) *Nerves.*		
387	Portion of the Sciatic Nerve unravelled.		
388	Portion of Nerve, injected, and unravelled.		
389	Injected Nerve; dried, and immersed in spirit of turpentine.		
390	Injected Nerve.		
391	Portion of Spinal Marrow, with the 3d, 4th, 5th, 6th, and 7th Cervical, and one Dorsal, pairs of Nerves, to shew the mode of origin of the Spinal Nerves.		
392	Axillary Plexus.		
393	Nerves of the Hand. The junction of the Median and Ulnar Nerves, and their termination in the Fingers, are here shewn.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
394	Nerves of the Hand and Fore-arm: dry preparation, injected.		
395	Nerves and Arteries of the Upper Extremity; most of the branches shewn.		
396	Nerves and Arteries of the Hand.		
397	Nerves and Arteries of the Pelvis and Lower Extremity, in a young subject.		
398	Origins of Spinal Accessary Nerves, and of the 8th Cerebral pair of Nerves.		
399	Gasserian Ganglion: the nerve of motion shewn.		
400	Superior Cervical Ganglion of the Sympathetic.		
401	Portion of the Aorta, with the Semilunar Ganglion.		
402	Portion of the Aorta; with the terminations of the Splanchnic Nerves and the Semilunar Ganglia.		
	(4.) *Common Integuments.*		
403	Cutis, and Cuticle.		
404	Cutis Vera injected, from the arm.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
405	Cutis of an Adult, injected.		
406	Another specimen.		
407	Cutis of an Infant, injected.		
408	Another specimen.		
409	Foot of an Infant, injected.		
410	Cutis of a Fœtus, injected.		
411	Another specimen.		
412	Veins of the Skin, (of the Prepuce,) injected.		
413	Cutis, Rete Mucosum, and Cuticle, of a Black.		
414	Another specimen.		
415	Another specimen; from a Lascar.		
416	Cutis, and Cuticle raised—European.		
417	Another specimen.		
418	Cuticle of the Hand, from a Child.	Old Museum Book, No. 187.	Mr. Davy's Collection. B. Harrison, Esq.
419	Another specimen.	Old Museum Book, No. 187*.	Mr. Davy's Collection. B. Harrison, Esq.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
420	Tatooed Skin of the Leg, from a Native of Owyhee.		
421	Bulbs of Hair.		
422	Scalp of a Native of Owyhee.		
423	Scalp of a Negro.		
424	Section of the Great Toe; shewing the root and structure of the Nail.		
425	Nail detached; shewing its mode of attachment to the Soft Parts.		
	(5.) *Nose.*		
426	Section of the Face, shewing the Nasal Cavities.		
	(6.) *Eyes.*		
427	Palpebræ, shewing the Meibomian Glands.		
428	The Puncta Lachrymalia, Sacculus, and Ductus Lachrymalis.		
429	Puncta Lachrymalia, and Sacculus.		
430	Section of the Eye, shewing its Coats.		
431	Sclerotic Coat.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
432	Sclerotic and Cornea; injected, dried, and immersed in spirit of turpentine.		
433	Sclerotic Coat, injected, and immersed in spirit of turpentine.		
434	Choroïd Coat.		
435	Section of the Eye, shewing its Coats.		
436	Another specimen; shewing the Iris and Corpus Ciliare.		
437	The Iris.		
438	The Membrana Pupillaris.		
439	Another specimen.		
440	The Retina.		
441	The Crystalline Lens.		
442	The Arteries of the Choroïd Coat, and Central Artery of the Retina.		
443	The Muscles of the Eye.		
	(7.) *The Ear.*		
444	The External Ear, injected.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
445	The External Ear, injected, and immersed in spirit of turpentine.		
446	The External Ear, injected, and cutis removed: dried, and immersed in spirit of turpentine.		
447	Injected Ear.		
448	Cartilage of the External Ear.		
449	Right Temporal Bone, with the Tympanum and Labyrinth exposed.		
450	Left Temporal Bone, with the Tympanum and Labyrinth exposed.		
451	Right Temporal Bone of a Child: the Labyrinth laid open, and the internal surface of the Cochlea and Semicircular Canals painted.		
452	Cavities of the Internal Ear; the Tympanum, Eustachian Tube, Labyrinth, Mastoïd Cells, and Aqueduct of Fallopius: from the right side. An impression in lead.		
453	Labyrinth of the Right Ear: an impression in lead.		
454	Labyrinth of the Left Ear: an impression in lead.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(8.) *Tongue.*		
455	Skin of the Face, injected; shewing the Sebaceous Glands about the Nose and Lips.	Old Museum Book, No. 196.	Mr. Davy's Collection. B. Harrison, Esq.
456	Tongue, Fauces, and Pharynx.		
457	The Tongue and Pillars of the Fauces; seen before and behind.		
458	Injected Tongue.		
459	Injected Tongue; shewing the Papillæ, Follicles, and Foramen Cæcum.		

OBSERVATIONS ON SECTION V.

OF PART I.

Although the function, to which the Organs comprehended in this Section are subservient, constitutes, perhaps, the most important part of what has been called the Tripod of Life, it is not required, by the plan of this work, that much, if any thing, be said respecting them, in this place.

A clear and accurate idea of the structure of the Pulmonary Tissue, in its healthy state, is absolutely necessary, to enable us properly to understand many of the important, and frequently fatal, pathological alterations, of which this structure is the seat. To the want of it must be, in a great measure, attributed the vagueness and disagreement so conspicuous in the writings of those who have treated of the Diseases of the Chest. The work of Rejsseissen is justly esteemed one of the best attempts to elucidate this subject; yet part of the views of this author appear, from some examinations made by Dr. Babington and the Editor, to be at least questionable.

The work of Dr. Edwards, on the influence which physical agents exert on life, is full of interesting and valuable facts relating to the function of Respiration, and leads to some important practical results.

Portal, in the third volume of his "Histoire de l'Anatomie et de la Chirurgie," mentions a curious instance of the power of the human voice, in the case of a man who by particular sounds, which he had the art of uttering, was able to break glasses. Savart, a French savant who has recently devoted great attention to the investigation of the properties of sound, has shewn that the same effect may be produced by the violin.

SECTION V.

VOCAL AND RESPIRATORY ORGANS.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(1.) *Larynx.*		
460	Dried preparation of the Larynx.		
461	Thyroïd Cartilage.		
462	Injected preparation of the Thyroïd Cartilage: ossification commencing.		
463	Cricoïd Cartilage.		
464	Arytenoïd Cartilages.		
465	Epiglottis.		
466	Epiglottis, injected.		
467	Cartilages of the Larynx, separate, and nearly ossified.		
468	Three dried preparations of the Os Hyoïdes and Larynx.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
469	Preparation of the Larynx, in which ossification has commenced: dried, and immersed in spirit of turpentine.		
470	Sacculi Laryngis.		
471	Another specimen.		
	(2.) *Thyroïd Gland.*		
472	Thyroïd Gland, and Arteries: a variety in the latter.		
	(3.) *Trachea, and Bronchi.*		
473	Portion of the Trachea, injected.		
474	Trachea, and branches of the Bronchi, of a young subject.		
	(4.) *Lungs.*		
475	Thoracic Viscera of a Child; shewing particularly the extent and relative situation of the Lungs, the Lobes, and Lobuli.		
476	Lungs and Heart of a Child, injected: a dry preparation.		
477	Portion of Lung: the Air cells filled with mercury.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
478	Portion of Lung: the Air-cells filled with mercury.		
479	Portion of Lung, the cells of which are filled with yellow wax: a corroded preparation.		
480	Section of the Lung of a Turtle, injected; shewing the structure of the air-cells, on a large scale.		
481	Portion of Lung filled with Albumen, which has been coagulated; shewing the terminations of the Bronchial tubes.		
	(5.) *Pleuræ.*		
482	Lungs and Heart of a Fœtus. The Foramen Ovale shewn.		
483	Portion of Pleura, injected.		
	(6.) *Thymus Gland.*		
484	Thymus Gland.		

OBSERVATIONS ON SECTION VI.

OF PART I.

It is needless to prefix to this Section any remarks respecting the Teeth; as, since the printing of this part of the Catalogue, the public has received, from the pen of Thomas Bell, a very complete Work on this subject. The Student will find that that Volume and the Preparations comprised in this part of the Museum will, when examined conjointly, render him important assistance, by the mutual illustration which they afford to each other.

It is well known, that Physiologists have never been perfectly agreed in regard to the Chylo-poietic Viscera accessory to the Intestinal Canal. The following humorous Epitaph on the Liver, written by Bartholin, affords a curious illustration of this discordance, with reference to that organ:—

SISTE · VIATOR
CLAUDITUR · HOC · TUMULO · QUI · TUMULAVIT
PLURIMOS
PRINCEPS · CORPORIS · TUI · COCUS · ET
ARBITER
HEPAR · NOTUM · SECULIS
SED
IGNOTUM · NATURÆ
QUOD
NOMINIS · MAJESTATEM · ET · DIGNITATIS
FAMA · FIRMAVIT
OPINIONE · CONSERVAVIT
TAMDIU · COXIT
DONEC · CUM · CRUENTO · IMPERIO · SEIPSUM
DECOXERIT.

ABI · SINE · JECORE · VIATOR
BILEMQUE · HEPATI · CONCEDE
AT · SINE · BILE · BENE
TIBI · COQUAS · ILLI · PRECERIS.

It is almost needless to add, that, from the time of Bartholin to the present day, the Liver has not ceased to afford matter more or less liable to discussion, both to Physiologists and Pathologists.

It is well known, that no organ has excited a greater variety of opinions, with respect to its office in the system, than the Spleen; and it is by no means impossible, that we are still wholly unacquainted with its function: yet the Editor is inclined to retain the opinion, which he has advocated in a Paper printed in the LXXth Number of the Edinburgh Medical and Surgical Journal; namely, that the Spleen performs, in the animal system, a similar part to that which tubes and valves-of-safety do in various kinds of chemical and mechanical apparatus; and tends to obviate any inconvenience which might arise from a sudden disturbance of the proportion between the capacity of the vascular system and the fluids which circulate in it. Such disturbances must be frequently induced, by various causes to which animals are continually exposed; and which operate more powerfully than the elasticity of the vessels alone can compensate for, and more rapidly than absorption, secretion, and excretion can, in every case, counteract them. The reasons which he adduced for this opinion were drawn from the structure and situation of the Spleen; from the different appearances which it assumes, according to the circumstances under which death had taken place; from the causes which derange the organ; from the effects which it produces on the system when deranged; and also from the result of experiments made upon inferior animals. He has since learnt, that somewhat similar views had been advanced by Dr. Rush of Philadelphia, and by Dr. Broussais of Paris. They have subsequently received additional sanction from experiments detailed in the second edition of Magendie's "Physiology," as well as from the assent of other authors. The Spleen may perform some office besides that which is here attributed to it; but the one contended for by Tiedmann and Gmelin, namely, that it confers the property of coagulation upon the Lymph and Chyle, manifestly wants proof.—(See Edinburgh Medical and Surgical Journal, No. 70; Le Journal Complimentaire des Sciences Medicales; Tiedmann and Gmelin's "Essay on Absorption, and the Uses of the Spleen;" the Editor's "Thesis de Absorbendi Functione;" &c.)

SECTION VI.

THE ORGANS OF DIGESTION.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(1.) *Salivary Glands.*		
485	Dried preparation of the Parotid Gland; injected with red wax from the Duct.		
486	Submaxillary Gland and Duct: dried.		
487	Submaxillary and Sublingual Glands. The ducts filled with mercury.		
488	Submaxillary Gland; injected, from the duct, with red wax.		
	(2.) *The Gums and Teeth.*		
489	Left superior Maxilla, with the Teeth and Gums injected: dried, and immersed in spirit of turpentine.		
490	Portion of the right superior Maxilla. The Gums injected.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
491	Portion of the inferior Maxilla, with the Teeth. The Gums injected: dried, and immersed in spirit of turpentine.		
492	Superior Maxilla, and Teeth; with the anterior part of Alveolar Processes removed, to shew the fangs of the teeth.		
493	Portion of the Adult Lower Jaw, with all the Teeth.		
494	Anterior part of the Lower Jaw, with all the Teeth. The Alveolar Processes removed, so as to shew the fangs in front.		
495	The Lower Jaw, with all its Teeth: the fangs exposed in front.		
496	Another specimen.		
497	Another specimen: the fangs exposed internally.		
498	The eight Incisores.		
499	The four Cuspidati.		
500	Another set.		
501	The eight Bicuspidati.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
502	The eight Molares.		
503	The four Dentes Sapientiæ.		
504	The superior Maxilla of a Child, with all the Teeth of the first dentition.		
505	The inferior Maxilla of a Child, with all the Teeth of the first dentition.		
506	One set of Teeth of the first dentition.		
507	Another set: several of the fangs partially absorbed.		
508	Several Cuspidati Teeth of the first dentition; shewing the gradual disappearance of the fang, from absorption.		
509	An Incisor Tooth of the first dentition.		
510	Teeth of different kinds; with the ossification of the fangs incomplete.		
511	The inferior Maxilla from the Fœtus, at a very early period: injected, with the nascent pulps partially detached.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
512	The Lower Jaw from the Fœtus, at a very early period: the membrane of pulps injected.		
513	Pulps of the Teeth, from the Fœtus, at an early period; partially injected.		
514	Half of the Lower Jaw, injected; and the membrane of the pulps partially removed, exposing the teeth in a soft state.		
515	The Upper Jaw of a Child, injected: the pulps exposed; the four incisors cut.		
516	Upper Jaw of an Infant: the two incisors cut; the pulps exposed. An injected preparation.		
517	Lower Jaw of an Infant, injected: two incisors cut; the pulps exposed.		
518	Lower Jaw of a Child; shewing both sets of teeth: the first cut; the pulps of the second exposed.		
519	Superior Maxilla of a Child; with the first set of teeth entire, and the pulps of the second exposed. Injected preparation.		
520	Inferior Maxilla of a Child; with the first set of teeth entire, and the pulps of the second exposed. Injected preparation, corresponding to the preceding.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
521	Alveolar Processes of the superior Maxilla of a Child, with eight teeth; the pulps and fangs exposed. Injected, dried, and immersed in spirit of turpentine.		
522	Half of the Lower Jaw of a Child; the pulps of the second dentition exposed, and the Dental Artery injected and dissected.		
523	Lower Jaw of a Child, injected; the anterior part removed. The preparation dried, and immersed in spirit of turpentine.		
524	Portion of the Lower Jaw of an Infant; shewing the membranes of the pulps of the teeth.		
525	Portion of the Lower Jaw of a Fœtus; shewing the membranes of the pulps opened, and the soft teeth exposed.		
526	Part of the Lower Jaw of a Fœtus; shewing the injected membranes of the pulps of the teeth.		
527	Portion of the Lower Jaw of a Fœtus; shewing the membranes of the pulps laid open.		
528	Portion of the Lower Jaw of the Fœtus, injected: the membranes of the pulps of the teeth exposed.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
529	Points of commencing Ossification of the Teeth, from a Fœtus of seven months.		
530	Ossified Crown, from the pulp of a Molar Tooth.		
531	Pulp and injected Membrane of the Molar Tooth of a Graminivorous Animal.		
532	Pulps, and injected Membranes, of the Molar Teeth of a Graminivorous Animal.		
533	Injected Membrane and Pulp of the Tooth of a Ruminating Animal.		
534	Molar Tooth of an Herbivorous Animal, partly ossified: the membrane injected.—A dried preparation.		
535	Scull of a Fœtus, at an early period: the first Incisors just beginning to ossify: (with a glass cover, and stand.)		
536	Scull of a Fœtus, somewhat more advanced than the preceding: (with a glass cover, and stand.)		
537	Superior and Inferior Maxillary Bones, from a Fœtus of four months: the pulps of the teeth removed.		T. Bell, Esq.
538	Upper Jaw of a Fœtus, at an early period; injected. The Membranes of some of the nascent pulps seen.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
539	Lower Jaw of a Fœtus, of about five months; the pulps removed.		
540	Right superior Maxilla; and corresponding half of the inferior Maxilla of a Fœtus, of about four months.		
541	Scull of a Fœtus, of seven months; the pulps of the teeth exposed: (with a glass cover, and stand.)		
542	Portion of the Jaw of a very young Child; shewing some of the pulps of the teeth, and their membranes.—A dried preparation.		
543	Upper and Lower Jaws of a Fœtus, near the full period: (with a glass cover, and stand.)		
544	Superior Maxilla of a Child, in whom dentition appears to have just commenced.		
545	Inferior Maxilla of a Child; the two middle incisors cut.		
546	Another specimen.		
547	Inferior Maxilla of a Child: three incisors cut; one first molar nearly so.		
548	Os Frontis, and superior Maxilla of a Child: the incisor teeth all nearly or quite cut.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
549	Superior Maxilla of a Child: all the incisor and two molar teeth cut: several of the other teeth exposed.		
550	Inferior Maxilla of a Child: the incisors, and one molar tooth, cut; another molar nearly so; and several immature teeth exposed.		
551	Superior Maxilla of a Child: the first set of teeth mostly cut, and several of those of the second dentition exposed: (with a glass cover, and stand.)		
552	Portion of the Lower Jaw of a Child of sixteen months; shewing both sets of teeth.		T. Bell, Esq.
553	Inferior Maxilla of a Child: all the first set of teeth cut: some of the cavities, for lodging the second set, exposed.		
554	Inferior Maxilla of a Child: all the first set of teeth cut: two genuine molars beginning to appear.		
555	Upper and Under Jaws of a Child, with the first set of teeth entire. Bristles are introduced into the foramina behind the teeth, communicating with the second set.		
555^A	Another preparation, shewing the Foramina, communicating with the second set of teeth.		
556	Superior Maxilla of a Child: the first incisors of the second set beginning to appear.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
557	Lower Jaw of a Child: the immature second set of teeth exposed.		
558	Upper and Lower Jaws of a Child: the second dentition not yet commenced: the fangs of the first set, and the immature second set of teeth, exposed.		
559	Upper and Lower Jaws of a Child in whom the second dentition is commencing: the fangs of the first set, and the immature second set of teeth, exposed.		
560	Base of the Scull, and Upper and Lower Jaws of a Child of six years of age: the fangs of the first set, and the immature second set of teeth, exposed: the bones and remaining soft parts covered with black varnish.		
561	Head of a Child of eight or nine years; shewing both sets of Teeth, prepared like the preceding.		
562	Base of the Scull and superior Maxilla of an aged and perfectly Edentulous subject.		
563	Perfectly Edentulous and greatly Absorbed Lower Jaw, corresponding with the preceding.		
564	Lower Jaw, in which the Dentes Sapientiæ do not appear: one Molar tooth extracted, and the Alveolar Process absorbed: the bones blackened.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
565	Scull of an Aged Person; in whom the Dentes Cuspidati, having taken an oblique direction, have never been cut.		
566	Portion of the Lower Jaw, with one of the Dentes Sapientiæ nascent, but taking an oblique direction.		
567	Superior Maxilla of a young subject; with a nascent Molar Tooth, taking a very irregular and oblique direction.		
568	Anterior part of the Base of a Scull, with the superior Maxilla: some of the teeth removed by extraction, others reduced by attrition.		
569	Several Sections of Teeth, chiefly longitudinal; shewing the enamel, the bone, and the cavity for lodging the softer parts.		
570	Several Longitudinal and Transverse Sections of Teeth; the surface of the cavity for lodging the soft parts coloured red.		T. Bell, Esq.
571	Upper Jaw of a Child, injected, and the anterior part removed; shewing longitudinal sections of the teeth: dried, and immersed in spirit of turpentine.		
572	Lower Jaw corresponding to the preceding, and similarly prepared.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
573	Upper Jaw, divided so as to afford a Longitudinal Section of the Teeth: mounted.		
374	Lower Jaw, divided so as to afford a Longitudinal Section of the Teeth: mounted.		
575	Another specimen.		
576	Upper Jaw; with Transverse Sections of all the Teeth, except the Dentes Sapientiæ, which are not cut.		
577	Superior Maxilla of a Child; shewing longitudinal sections of the teeth.		
578	Half of the inferior Maxilla of a Child; shewing longitudinal sections of the teeth.		
579	Fragment of a Tooth, shewing the structure of the Enamel: (from the molar tooth of an Elephant.)		T. Bell, Esq.
580	Two Teeth, of which the cavities are opened, partially exposing the soft parts.		
581	A Cuspidatus Tooth, of which the cavity is opened, and the soft part exposed.		
582	Two Fragments of Teeth; of which the bone is partially discoloured by blood, from inflammation.—This preparation is illustrative of the vitality of the teeth.		T. Bell, Esq.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
583	Several Teeth, from which the earthy matter has been removed. A wet preparation.		
584	A Molar Tooth, from which the earthy matter has been removed. A dry preparation.		
585	Several Teeth which have been deprived of the animal matter by calcination.		
586	Fragments of Calcined Teeth.		
587	Sections of Teeth: the incised surface seared, and shewing the limits of the bone and enamel.		
588	Longitudinal and Transverse Sections of Teeth. The incised surface seared, and shewing the limits of the bone and enamel.		T. Bell, Esq.
	(3.) PATHOLOGICAL SPECIMENS OF TEETH. ⁂ The following Preparations, which more properly belong to the Second Part of the Catalogue, Section VI., are arranged in this place to avoid the inconvenience of separating the Preparations which are employed by T. Bell, Esq. for the illustration of his Lectures on the Teeth.		
589	Six Cuspid and one Molar Tooth, remarkably small, and very imperfectly formed. They were supernumerary, and were formed in the fore part of the mouth. Taken from different individuals, by the late Joseph Fox, Esq.		
590	Two inferior Incisor Teeth, remarkably misshapen.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
591	Two small misshapen Cuspidati Teeth: supernumerary.		
592	Three small and misshapen Teeth, very imperfectly enamelled: supernumerary from the back part of the jaw.		
593	Specimen, consisting of two Incisors and a Cuspidatus Tooth; on which the enamel is very imperfectly deposited, in the form of regular zones.		
594	Two Cuspidati Teeth, on which the enamel is deficiently and irregularly deposited.		
595	Several Teeth, deficient in enamel.		
596	Several Teeth, much and variously worn by attrition.		
597	Several Teeth, worn by attrition.		
598	An Incisor Tooth; on which there is a partial loss of substance at the upper and anterior part of the crown, from the disease called, by John Hunter, 'Decay by denudation.'		
599	Two Incisor Teeth, broken obliquely.		
600	A Tooth, fractured.		
601	A Cuspidatus Tooth, with two fangs.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
602	A Molar Tooth, with five fangs.		
603	A Molar Tooth, with a small supernumerary tubercle covered with enamel, below the cervix.		
604	Two Teeth, with irregular bony excrescences upon their crowns.		
605	Four Teeth, remarkable for the length, size, or position of their fangs.		
606	Four Molar Teeth, remarkable for the large size and distortion of their fangs.		
607	Decayed Teeth, with fangs remarkable for their distortion. In two, they are turned up in the form of a hook.		
608	Three Teeth, of which the fangs are morbidly thickened or distorted.		
609	Two Teeth, of which the fangs are remarkably thick and blunt, from a morbid deposition of bony matter—These specimens are figured in the work of the late Joseph Fox, esq.	J. Fox's Work on the Teeth.	
610	Several decayed Teeth, with fangs in the same state as in the preceding specimens.	J. Fox's Work on the Teeth.	
611	A Molar Tooth; of which the crown is lost by decay, and the fangs morbidly thickened, as in the preceding examples.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
612	Two Teeth, of which the fangs are thickened, as in the preceding examples. (Exostosis.)		
613	A Tooth affected with Exostosis, which induced Tic Doloureux.		T. Bell, Esq.
614	Two Teeth, one of which is affected with Exostosis of the fang.		
615	Three specimens of Teeth, of which the fangs are united by bone.		
616	Sections of a Tooth, of which the crown is excavated by decay: the crust remaining nearly perfect.		
617	Several Incisor Teeth, of which the crowns are decayed.		
618	Three Molar Teeth; the crowns carious.		
619	Several Molar Teeth, in most of which the crowns are carious. In two, the fangs are also diseased. Many of the fangs are much distorted.		
620	Numerous Teeth, in most of which the crowns, and in several the fangs, are diseased.		
621	Several Teeth, variously decayed. One appears to have been stopped with gold.		
622	A carious Molar Tooth, with diseased Periosteum :—a wet preparation.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
623	A decayed Molar, with the dead pulp exposed :—a wet preparation.		
624	A Molar Tooth, deeply carious at the Cervix : also the fangs of another, which has lost the crown, apparently from decay of the Cervix.		
625	The Cervix of a Tooth, forming a complete ring : the crown removed by decay, the fangs by absorption.		T. Bell, Esq.
626	A Molar Tooth, with a deposition of lymph about the fangs, shewing the first stage of Alveolar abscess.	Medico-Chirurgical Transactions, Vol. X.	T. Bell, Esq.
627	A decayed Molar Tooth, with abscess at the extremity of one of the fangs.	Medico-Chirurgical Transactions, Vol. X.	T. Bell, Esq.
628	A Carious Tooth, with abscess at the root of the fang.		
629	A Carious Tooth, with diseased fang.		
630	A Carious Tooth, with abscess about the fangs; enclosed in two small cysts, united.	Medico-Chirurgical Transactions, Vol. X.	T. Bell, Esq.
631	Preparation shewing the effect of Alveolar Abscess upon the Jaw.		T. Bell, Esq.
632	Another specimen.		
633	Three Teeth, with fangs partially absorbed : the result of the disease shewn in the preceding specimens.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
634	A Tooth, with its fangs thickened and ulcerated.		
635	A Molar Tooth, with its fangs to a great degree absorbed.		
636	A Dead Tooth; in which the Foramen is enlarged by absorption, with a partial and slight deposit of tartar upon the fang.		
637	An Incisor Tooth; of which the fang is in a great degree removed by ulcerative absorption. This tooth had been transplanted.		
638	One Incisor Tooth, apparently sound; and another which has lost its crown, and the point of the fang, by caries.		
639	Two Incisor Teeth, the fangs of which are partially removed by ulcerative absorption.		
640	Four Teeth, with diseased fangs.		
641	Three Teeth, with diseased fangs.		
642	Three Teeth, with a portion of the Jaw-bone, to which their fangs are attached.		
643	A Molar Tooth, with a large portion of diseased and partially-necrosed bone which has separated with it. The effect of mercury.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
644	Fragments of Necrosed Jaw-bone.		
645	Portion of the Alveolar Process of the Lower Jaw, with the Incisors and Cuspidati.		
646	A Molar Tooth, with a considerable sequestrum from the jaw attached to it. It is evidently from a young subject; and a nascent molar tooth is lodged in the sequestrum. The result of Small-pox.		
647	Fragments of Necrosed Jaw, with a Bicuspid Tooth attached to one of them.		
648	Three Molares firmly united to a broken portion of the Jaw-bone.		
649	Decayed Tooth, with a fragment of the Jaw-bone attached to it. Torn away by the improper use of the Key instrument.		
650	Sequestrum, consisting of the greater part of the Alveolar Process of the Lower Jaw, with eighteen detached teeth from the same jaw. The result of mercury.	J. Fox's Work on the Teeth.	
651	Teeth, with portions of bone firmly adherent.		
652	A considerable portion of Diseased Alveolar Process, from the jaw of a Child, with the first Molar Tooth of each side attached to it.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
653	Necrosed Fragment of a young Jawbone, with the first and second temporary Molar Teeth, and the two nascent Bicuspides attached to it.		
654	A Bicuspid Tooth, with a portion of bone firmly attached to its fang, and two small sequestra.		
655	Two Incisor Teeth, a fragment of necrosed jaw adherent; and a separate Incisor, with the fang much decayed.		
656	Portion of Necrosed inferior Maxilla.		
657	Another specimen.		
658	Portion of Necrosed superior Maxilla.		
659	A considerable Sequestrum, containing several nascent Teeth from the Lower Jaw of a Child.		
660	A large Sequestrum, from the Lower Jaw.		
661	An old and decayed Incisor Tooth: imbedded in a mass of tartar.		
662	The broken fang of an Incisor Tooth, imbedded in a mass of tartar.		
663	Teeth loaded with tartar.		
664	Several detached masses of tartar.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	*** The eight following Preparations were added since the preceding ones were arranged.		
665	Two Molares of the Lower Jaw, firmly attached to each other by a bony union of their fangs and sides.		T. Bell, Esq.
666	An inferior Dens Sapientiæ, with one posterior fang remarkably hooked.		T. Bell, Esq.
667	Specimen exhibiting preternatural growth of the Pulp in a decayed Tooth. There was no pain in this case.		T. Bell, Esq.
668	A similar specimen. This case also was unattended with pain.		T. Bell, Esq.
669	A Tumor, dependent on a decayed Tooth; removed from the Lower Jaw by Sir Astley Cooper.		T. Bell, Esq.
670	Cast of the Upper Jaw, in which the Incisors are remarkably truncated, in an oblique direction, without attrition.		T. Bell, Esq.
671	Cast of the Lower Jaw, corresponding to the preceding; in which the Incisors are similarly truncated.		T. Bell, Esq.
672	Cast of a Fungoïd Exostosis of the Lower Jaw, in consequence of a blow.		T. Bell, Esq.

Nº.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(4.) *Plaster Casts of the Teeth and Gums, exhibiting deviations from the healthy or natural state.*		
673	Cast of the Mouth of a Child; in which two permanent Incisors are cut behind those of the first set, which are not shed.		
674	Cast of the Jaw of a Child, with two permanent Incisors appearing within the row of teeth.		
675	Cast from the Mouth of a Child eleven years of age: the teeth small and irregular: one permanent Incisor cut.		
676	Another specimen.		
677	Cast from the Mouth of a Child; shewing the first Incisors just protruding, with some obliquity.		
678	Cast from the Lower Jaw of an Adult: the irregularity very slight.		
679	Cast, shewing one of the Incisors pointing inwards.		
680	Cast, shewing one of the Incisors placed within the row of teeth.		
681	Another specimen.		
682	Another specimen.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
683	Cast, shewing both the Outer Incisors, situated behind the row of teeth.		
684	Another specimen.		
685	Another specimen.		
686	Another specimen.		
687	Cast; in which two Teeth, apparently the Cuspidati, are situated within the row of teeth.		
688	Cast; in which the Cuspidati are situated within the row of teeth.		
689	Cast; in which, on one side, the first of the Bicuspides is situated within the row of teeth; and, on the other, is transposed with a Cuspidatus.		
690	Cast; shewing several Teeth growing irregularly to the inside of the mouth.		
691	Cast; in which two Incisors are growing externally to the row of teeth.		
692	Cast; in which a Cuspidatus is protruding externally to the row of teeth.		
693	Another specimen.		
694	Cast; in which both the Cuspidati are making their appearance externally to the row of teeth.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
695	Another Cast; in which the Cuspidati are of large size, and protruding externally to the row of teeth.		
696	Cast, in which a Cuspidatus and the first Bicuspid are appearing externally to the row of teeth: the two first molars remaining unshed.		
697	Cast, in which the teeth are much crowded, and placed with great irregularity behind each other.		
698	Another specimen.		
699	Another specimen.		
700	Another specimen.		
701	Cast; shewing one Tooth lost; the others placed irregularly.		
702	Cast; shewing one Tooth lost; the others placed irregularly: the Gums are absorbed, partially exposing the fangs.		
703	Another Cast; in which the Cuspidati are lost, and the Incisors stand irregularly.		
704	Another Cast; in which the Cuspidati are wanting.		
705	Cast, shewing a supernumerary Incisor.		
706	Another specimen.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(5.) *Pharynx, and Œsophagus.*		
707	The lower portion of the Œsophagus, and part of the Cardiac Extremity of the Stomach; shewing the termination of Cuticular Lining of the former.		
708	The Cardiac Extremity of the Stomach; shewing the termination of Cuticular Lining of the Œsophagus.		
	(6.) *Stomach.*		
709	Stomach, inverted, and laid open; shewing the Longitudinal Rugæ of the Mucous Membrane, strongly marked.	Old Museum Book, No. 87. No History.	
710	Dried preparation of the Stomach. The Vessels filled with fine injection.		
711	Dried preparation of the Stomach. The Arteries and Veins injected.		
712	Stomach of a Fœtus, injected, and inverted.		
713	Stomach of a Fœtus, dried.		
	(7.) *Small Intestines.*		
714	Portion of Jejunum, with the Arteries and Veins minutely injected: dried, and immersed in spirit of turpentine. An external view.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
715	Portion of the Ilium, with the Arteries and Veins minutely injected: dried, and immersed in spirit of turpentine.—An external view.		
716	Portion of small Intestine, probably Jejunum, injected and inverted; shewing the vascularity of the Villi.		
717	Portion of small Intestine, injected with fine injection, and laid open.		
718	Portion of small Intestine, inverted: the mucous membrane partially injected.	Old Museum Book, No. 232.	From Mr. Lucas's Collection.
719	Portion of the small Intestine of a Fœtus, injected, and inverted; shewing the absence of Valvulæ Conniventes.		
720	Portion of small Intestine, laid open, and shewing the Mucous Follicles remarkably developed.		
721	Portion of small Intestine, with the corresponding part of the Mesentery: the arteries and veins injected.		
722	Termination of the Ilium, with the Cæcum and its Appendix; with an opening in the Cæcum to shew the valve: the Arteries and Veins minutely injected. Immersed in spirit of turpentine.		
723	Termination of the Ilium, with the Cæcum and its Appendix; injected with fine injection, and inverted.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
724	Termination of the Ilium, and the Cæcum; dried, and laid open to shew the Ilio-cæcal Valve.		
725	Termination of the Ilium, and the Cæcum; dried, and laid open to shew the valve, which is remarkably perfect.		
	(8.) *Large Intestines.*		
726	Cæcum and Appendix; Vermiformis inverted; from a young subject, who died by accident. The mucous glands very apparent. (Vide Prep^{n}. 2017.)	1st Green Insp. Book, page 72. Case of Ann Fleuker, æt. 9.	
727	Muscular Fibres of Intestine; probably from the upper part of the Rectum.		
	ORGANS ACCESSORY TO THE ALIMENTARY CANAL.		
	(9.) *The Liver and Gall-bladder.*		
728	The Liver and Gall-bladder of a Child.		
729	Corroded preparation of the Liver; shewing the branches of the Venæ Portæ in red, and those of the Venæ Cavæ Hepaticæ in black, wax.		
730	Corroded preparation of the Vessels of the Liver; Hepatic Artery, red; Venæ Portæ, yellow; Venæ Cavæ Hepaticæ, black; and the Biliary Ducts, light green.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
731	Portion of Liver, with the Gall-bladder, injected.		
732	Gall-bladder, laid open; shewing the honey-comb appearance of the mucous coat.		
733	Portion of Gall-bladder, with the Ducts laid open.		
734	Gall bladder, and Biliary Ducts; inflated, dried, and painted green: with the Pylorus, and part of the Duodenum.		
735	Gall-bladder, and Biliary Ducts; with the Pancreas and its Duct, and the portion of Duodenum into which the ducts open themselves.		
	(10.) *The Pancreas.*		
736	The Pancreas, injected from the Duct, which is dissected: a wet preparation.		
737	Dried preparation of the Pancreas; injected from the duct, which is dissected.		
738	Dried preparation of the Pancreas; with its duct opening into the Duodenum, at about three-quarters of an inch from the termination of the Ductus Communis Choledocus.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(11.) *The Spleen.*		
739	The Spleen of a Child or Fœtus.		
740	The Spleen, partially deprived of its Tunic, and washed: the Artery injected with red wax.		
741	The Spleen, deprived of its Tunic, and washed: the Arteries injected.		
742	Sections of the Spleen, washed.		
743	Section of the Spleen, previously injected with wax.		
744	Corroded preparation of the Spleen; injected from the Artery.		Sir A. Cooper.
745	Anterior view of the Viscera of the Thorax and Abdomen.	Old Museum Book, No. 166.	W. Lucas, jun. Esq. Anno 1808.
746	Posterior view of the Viscera of the Thorax and Abdomen.	Old Museum Book, No. 164.	W. Lucas, jun. Esq. Anno 1808.
747	A portion of Peritoneum, injected.		
748	Stomach and Colon of a Fœtus, with the greater Omentum.		
749	A portion of Colon; shewing the Appendices Epiploïcæ.		

The Seventh Section, comprising the Urinary Organs, and the Eighth, Ninth, and Tenth, containing Preparations relating to the Reproduction of the Species, do not require any Preliminary Observations.

SECTION VII.

URINARY ORGANS.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(1.) *Renal Capsules, and Kidneys.*		
750	Kidney, and Glandulæ Renales, injected; from a Fœtus or Infant.		
751	Kidney and Capsula Renalis of a Fœtus, injected.		
752	Capsula Renalis and Kidney of a Fœtus. A dry preparation.		
753	Section of injected Kidney.		
754	Another specimen.		
755	Sections of injected Human and Horse's Kidneys; shewing the Corpora Globosa: dried, and immersed in spirit of turpentine.		
756	Dried Slices of injected Kidney; shewing the Corpora Globosa.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
757	Portion of injected Kidney; shewing a Mammillary Process, and the corresponding Cortical part.		
758	Portions of Kidney; shewing the Mammillary Processes.		
759	Kidney of a Fœtus, with the Tunica Adiposa removed; shewing its lobulated structure, and the Artery, Vein, and Ureter.		
760	Tunic of the Kidney: apparently fœtal.		
761	Dried Section of the Kidney; shewing the vessels injected with red, and the Pelvis and Ureter with green, wax.		
762	Corroded preparation of the Arteries of the Kidney.		
763	Corroded preparation of the Veins and Arteries of the Kidney.		
764	Corroded preparation of the Kidney; shewing the Arteries and Veins, and the extent of the cavity of the Pelvis and Infundibula.		
765	Corroded preparation of the Veins of the Kidney; in yellow wax.		
766	Another specimen.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(2.) *Pelvis of Kidneys, and the Ureters.*		
767	Wet preparation of the Kidney; shewing the Pelvis and Infundibula, which are filled with cold injection.		
768	Impression, in green wax, of the Pelvis and Infundibula of the Kidney.		
769	Impression of the Infundibula and Pelvis of the Kidney, and part of the Ureter, in red wax.		
770	Corroded preparation of the Pelvis and Infundibula of the Kidney: the impression in red wax.		
771	Impression, in red wax, of the Pelvis and Infundibula of the Kidney. A corroded preparation.		
772	Impression of the Pelvis and Infundibula of the Kidney of a Child, in red wax. A corroded preparation.		
773	Impression, in red wax, of the Pelvis and Infundibula of the Kidney of a Child. A corroded preparation.		
	(3.) *The Urinary Bladder.*		
774	Dried preparations of the Bladder; shewing the opening of the Ureters. The Vesiculæ Seminales, and part of the Vasa Deferentia, attached, and filled with green wax.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
775	Bladder, Urethra, and Rectum of a Child, injected, and laid open; shewing the vascularity of the Mucous Membrane, the termination of the Ureters, &c.		
776	The Bladder, injected, and inverted; shewing the Orifices of the Ureters.		
777	A portion of the Lower Part of the Bladder; shewing the Orifices of the Ureters, and of the Seminal and Prostatic Ducts.		
778	The Bladder, closely contracted.		
779	Another specimen.		

SECTION VIII.

GENITAL ORGANS OF THE FEMALE.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(1.) *Ovaries, and Fallopian Tubes.*		
780	Left half of the Uterus, five months after delivery; with the Ovary, Fallopian Tube, and part of the Vagina.		
781	A Section—The counterpart of the preceding; from the right side.		
782	Female Organs, internal and external; with the Rectum and Bladder.		
783	Side View of a Pelvic Viscera, in a Female Infant.		
784	Kidneys, Uterus, and Ovaries, with the vessels injected. A dried preparation.		
	(2.) *Uterus.*		
785	Dried preparation of the Uterus and its appendages: the Veins filled with yellow, and some of the Arteries with red, wax.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(3.) *External Parts.*		
786	External Female Organs of a Child: the Labia, Nymphæ, Præputium Clitoridis, and Hymen.		
	(4.) *Mammæ, and Nipples.*		

SECTION IX.

GENITAL ORGANS OF THE MALE.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(1.) *Testis, Epididymis, and Vas Deferens.*		
787	Testicle, injected: the Tunica Albuginea in part removed.		
788	A Section of the Testicle; with the Tubuli in a great measure removed, to shew the Septa.		
789	The Septa Testis, injected.		
790	The Corpus Highmorianum Testis.		
791	Testicle, injected: dried, and immersed in spirit of turpentine.		
792	The Testicle, and Epididymis, with the Spermatic Artery injected.		
793	The Tubuli Seminiferi, injected: dried, and immersed in spirit of turpentine.		Sir Astley Cooper.
794	Tubuli Seminiferi, and Epididymis, filled with mercury.		Sir Astley Cooper.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
795	Testicle, injected; with the Tunica Albuginea in part removed, to shew the Tubuli disposed in Lobes.		Sir Astley Cooper.
796	Testicle; with the Tunica Albuginea wholly removed, and shewing the Lobes.		Sir Astley Cooper.
797	Testicle, deprived of its Tunic, and shewing the Tubuli Seminiferi partially unravelled.		
798	Testicle, Epididymis, and Vas Deferens: the Tubuli Seminiferi filled with mercury, and partially unravelled.		Sir Astley Cooper.
799	Tubuli Seminiferi, Vasa Efferentia, and Epididymis, filled with mercury.		Sir Astley Cooper.
800	Rete Testis, Epididymis, and Vas Deferens, filled with mercury.		Sir Astley Cooper.
801	Epididymis, and Coni Vasculosi, filled with mercury.		Sir Astley Cooper.
802	The Rete Testis, Vasa Efferentia, and Epididymis, filled with mercury.		
803	Rete Testis, and Epididymis, filled with mercury.		Sir Astley Cooper.
804	Epididymis, and Rete Testis, filled with mercury.		
805	Epididymis, filled with mercury, and shewing its Lobes.		Sir Astley Cooper.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
806	Epididymis, and Vas Deferens, filled with mercury.		Sir Astley Cooper.
807	Epididymis, filled with mercury, and unravelled.		Sir Astley Cooper.
808	Testicle of a Child.		
809	Artery of the Cord, injected with wax: the Epididymis and Vas Deferens filled with mercury.		Sir Astley Cooper.
810	Testicle and Spermatic Vessels, injected with wax, and one of Vasa Deferentia with mercury. Dried preparation.		Sir Astley Cooper.
811	Tunica Vaginalis Testis.		
812	Tunica Vaginalis of a Child.		
813	Abdomen of a Fœtus; shewing the descent of the Testes, which are lodged near the internal rings, and the Gubernacula.		
814	The Abdomen of a Fœtus; shewing the right Testicle at the Abdominal Ring, the left on the Quadratus Lumborum.		
815	The Abdomen of a Fœtus; shewing the right Testicle descended, and the left in the Abdomen.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
816	The Testicle, with the Tunica Vaginalis, and Cord; shewing the Cremaster Muscle, terminating in loops about the Tunic.		
	(2.) *Vesiculæ Seminales.*		
817	Vesiculæ Seminales, filled with green wax: the left unravelled.		
818	Vesiculæ Seminales, filled with yellow wax: a variety having an appendix.		
	(3.) *Prostate Gland.*		
819	Prostate Gland, and Vesiculæ Seminales: the latter filled with mercury.		
820	Prostate Gland, filled with mercury.		
821	Section of the Prostate Gland. The Gland is enlarged; therefore the structure shewn is not quite natural.		
822	Prostate Gland, with part of the Bladder and Urethra; shewing the orifices of the Ureters, and of the Seminal Ducts.		
	(4.) *Cowper's Glands.*		
823	Cowper's Glands.		
824	Cowper's Glands, with their Ducts.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
825	Cowper's Glands, with the Ducts filled with mercury.		
	(5.) *Urethra, and External Parts.*		
826	Penis of an Infant, laid open: the Mucous Membrane injected.		
827	Urethra of an Adult, laid open, and shewing the Orifices of the Lacunæ.		
828	Urethra, laid open; shewing the Lacuna Magna, injected.		
829	Longitudinal Section of the Extremity of the Penis; shewing the Urethra, Glans, Corpora Cavernosa, the fold of Integument forming the Prepuce, and the loose Subcutaneous Cellular Membrane.		
830	A Section—The counterpart of the preceding.		
831	Penis, injected: the Corpus Spongiosum injected from the Artery of the Bulb.		
832	Penis, injected.		
833	Another specimen.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
834	Transverse Section of the Penis; shewing the structure of the Corpora Cavernosa and Spongiosum. The Tunica, and Septa.		
835	Transverse Section of the Corpora Cavernosa.		
836	Thin Transverse Sections of the Penis, inflated, and dried.		
837	Elastic Covering of the Penis; shewing the Pectiniform Septum.		
838	Transverse Section of the Penis: the Corpora Cavernosa filled with yellow wax.		
839	Corroded preparation of the Penis: the Corpora Cavernosa filled with yellow wax; the Corpus Spongiosum, Glans, and Vena Magna, with red.		
840	Corroded preparation of the Penis: the Corpora Cavernosa filled with yellow wax; the Glans, and Vena Magna, with red.		
841	Penis, injected, and corroded.		
842	Penis, with the Vena Magna injected; and the Nerves dissected.		
843	The Symphysis Pubis, with the Triangular Ligament.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
844	Contents of the Male Pelvis; the Arteries and Veins injected. A dry preparation.		
	(6.) *Male Nipple.*		
845	Mammary Gland of the Male, injected.		
846	Mammary Gland of the Male.		
847	Mammary Gland and Nipple of a Male Fœtus.		

SECTION X.

PREPARATIONS ILLUSTRATIVE OF UTERO-GESTATION.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(1.) *Gravid Uterus.*		
848	Gravid Uterus; Arteries and Veins injected. A dried preparation.		
849	Uterus, with Twins at the fourth month of pregnancy: the Placentæ and Membranes shewn.	1st Green Insp. Book, page 26. Case of Eliz. Hammond.	
850	Vessels of the Placenta, unravelled.	Old Museum Book, No. 204.	Mr. Davy's Collection. B. Harrison, Esq.
851	Vessels of the Placenta, and Umbilical Cord, injected. A dry preparation.		
852	Umbilical Cord, injected. A dry preparation.		
853	Fœtus and Membranes, about three months old.		
854	Fœtus, from three to four months old; considered as Female.	Old Museum Book, No. 201.	
855	Fœtus, from three to four months old; considered as Male.	Old Museum Book, No. 202.	

OBSERVATIONS ON SECTION XI.

OF PART I.

Widely-different degrees of importance in the Animal Economy have, at various periods and by different persons, been attributed to the Fluids, according to the prevalence of a Humoral or an opposite doctrine in the Pathological systems of the day. This is not the place to enter into the merits of the question; yet it may be allowable to remark, that the systems of Hoffmann and his followers, which have mainly contributed to raise into importance the previously too-much neglected living solid, have had a natural tendency to divert the attention, perhaps more than was meet, from the alterations in the Fluids to which the older Physicians were wont to attribute so much. The good sense of Practitioners, which has not suffered them to be wholly inattentive to the numerous and striking changes of which the Fluids, especially during disease, are the subject; and the labours of those who have devoted their attention to the cultivation of the comparatively new department of Science, "Animal Chemistry;" have, it is true, rescued the animal Fluids from total neglect. It would seem, that a different state of things is at hand. Both in this country, and on the Continent of Europe, symptoms are observable, which render it by no means improbable, that, in the revolution of Medical doctrines, we are at the dawn of a day in which a Humoral Pathology will again seek to be dominant. Whilst we would deprecate this extreme, we must admit that much remains to be done; and it can scarcely be doubted, that numerous and important discoveries will reward the zealous inquirer, and form invaluable additions to Physiological and Pathological knowledge. We are not yet satisfactorily informed of the differences between Arterial and Venous Blood. We know almost as little of the causes of those manifest varieties which the Blood exhibits in disease, pregnancy, &c. The Chyle and Lymph, Fluids tributary to the Blood, and the various secretions and excretions in which it is in part expended, all demand a more minute examination than they have as yet received; although they have already, in no trifling degree, repaid the labour of many distinguished experimentalists. Amongst these, may be justly signalized, Marcet, Vauquelin, Barzelius, Bostock, Brande, Prout, Chevreuil, and Dowler. The investigations in which Dr. Benjamin Babington is at present engaged, present the promise of supplying some of the desiderata which have been alluded to.

It is not by purely chemical examination that we can hope to obtain all the knowledge which it is desirable that we should possess respecting the animal Fluids. The assistance of a supposed Electric influence has been called in, to explain some of the vital phænomena in which the Fluids are concerned. Two of the greatest Philosophers, whom this or any other country has produced, and whose recent death the Scientific World is at this moment deploring, have lent their names to the sanction of such an hypothesis. Yet few, if any, attempts have been made to bring it to the test of experiment. The labours of the Electro-Magnetists, and more especially of Becquerel, have prepared the way for the elucidation of this interesting subject.

The mechanical constitution of the Blood, and of several other animal Fluids, has long afforded an interesting subject of research to microscopic examiners; from Malpighi and Leeuwenhoeck, down to Home and Bauer, Prevost and Dumas, and Dr. Milne Edwards. On the supposed existence of uniform globular particles in some of these Fluids has been formed a theory of the organization of most of the Tissues; and the presence of Animalculæ in the Semen has led to various speculations on the function of generation. The researches of Prevost and Dumas are the most complete which have been made in reference to this subject. The following citation, on the microscopical characters of the Blood, Pus, and Milk, concur with those prefixed to some preceding Sections, in militating against the globular theory above alluded to.

Particles of the Blood.—" In our examination of these corpuscles, we have in vain looked for the globular form attributed to them, not only by the older authors, Leeuwenhoeck, Fontana, and Haller, but still more recently by Sir Everard Home and Bauer. Our observations are also at variance with the opinion long since formed by Hewson, that these particles consisted of a central globule enclosed in a vesicle composed of the coloured part; and which, though refuted by Dr. Young, has since, in a modified form, been revived by Sir Everard Home and Bauer, in this country; and by Prevost and Dumas, on the Continent. We have never been able to perceive the separation of the colouring matter, which our countrymen have described as taking place in a few seconds after the particles have escaped from the body; nor can we, with Prevost and Dumas, consider the particles as prominent in the centre.

" The particles of the Blood must unquestionably be classed amongst the objects most difficult to examine with the microscope; partly from the variations of form, to which their yielding structure renders them liable; but, still more, from their being transparent, and composed of a substance which, as Dr. Young has remarked, is probably not uniform in its refractive power.

" These causes of error we have endeavoured to counteract, by varying the mode of observation. We have viewed the particles both wet and dry, both as opaque and as transparent objects, under every variety of power and light; and we lay no stress on observations which have not been confirmed by frequent repetition.

" To us, the particles of human Blood appear to consist of circular flattened transparent cakes; which, when seen singly, appear to be nearly, or quite, colourless. Their edges are rounded, and, being the thickest part, occasion a depression in the middle, which exists on both surfaces. This form perfectly agrees with the accurate observation of Dr. Young, that on the disks of the particles there is an annular shade, which is darkest on that side of the centre on which the margin is brightest. Though the Doctor drew the obvious conclusion that the disks were concave, he does not consider the fact as demonstrated; since the appearance might be produced by a difference in the refractive power of different parts of the corpuscle.

"This objection we think completely met:

"1st. By their reflecting the erect image of any opaque body placed between them and the light, precisely as a concave lens would do.

"2dly. By the appearance presented by the particles when viewed dry, as opaque bodies. When illuminated by the whole of the Leiberkuhn, the entire margin is enlightened, and, in most of the particles, there is, besides, a broad inner ring, of considerable brightness; whilst the centre, and the space between the two rings, is completely dark. On half the Leiberkuhn being covered, the rings are reduced to semicircles; the outer one being opposite to the light side, and the inner to the darkened side, of the speculum.

"3dly. When fluid Blood having been placed between two slips of glass, the particles happen to be at right angles to the surfaces of the glass, so as to be seen in profile, the two concave surfaces are visible at the same time, or alternately; but more distinctly, if the particles slightly vacillate.

"The concavity of the disks is, however, extremely trifling; and, under particular circumstances, in a few of the particles, the surface is, to all appearance, quite flat.

"Notwithstanding the great uniformity in the size of the particles of the Blood, so long as they retain, unimpaired, the form which they possess on escaping from the body, their real magnitude has been so variously estimated, that we judged it worth while to attempt a new measurement. In doing so, we adopted a method somewhat different from those hitherto employed. A camera lucida is adapted to the eye-piece of the microscope, in such a manner, that, the distance of the paper being ascertained, the object may be drawn on a known scale. Tracings of several of the images being made, they were applied to, and compared with, the images of other particles, until their accuracy was established.

"The diameter of the particles obtained in this manner may be pretty correctly stated at $\frac{1}{3000}$ of an inch.

"The following measurements, by former observers, are given for the sake of comparison:

Jurine	$\frac{1}{3240}$
Jurine, in a second measurement	$\frac{1}{1940}$
Bauer	$\frac{1}{1700}$
Wollaston	$\frac{1}{5000}$
Young	$\frac{1}{6060}$
Kater	$\frac{1}{4000}$
Ditto	$\frac{1}{6000}$
Prevost and Dumas	$\frac{1}{4076}$

"The thickness of the particles, which is, perhaps, not so uniform as the diameter of the disks, is, on an average to this latter dimension, as 1 to 4·5

"The form and size of the particles of the Blood of other animals have frequently been compared with those of man. Many observations were made for this purpose by Hewson; but, while some of them appear tolerably accurate, others are decidedly far from the truth. Those which have recently been made by Prevost and Dumas are the most extensive and complete which as yet exist. Our attention having been chiefly taken up with the Blood of man, we have not as yet carried our investigation of that of other animals so far as we design doing: we have, however, examined the Blood in all the classes of Vertebrate animals, and in different species of most of them. Our observations completely accord with those of Prevost and Dumas, as to the particles having a circular form in the Mammalia, and an elliptical one in the other three classes. There are varieties, both in the size and proportion of the particles, in different species. Thus, for example, in the pig and rabbit, the particles have a less diameter, but a greater thickness than in man. We have hitherto invariably found the elliptical particles larger than the circular, but they are proportionably thinner. In birds, the particles are much more numerous, but smaller than in either reptiles or fishes.

"There are numerous interesting phænomena which present themselves when the particles lose their integrity and assume new forms. Changes of this description are occasioned by the spontaneous decomposition which the Blood undergoes a longer or a shorter time after its escape from the body, by mechanical violence, and by the addition of various substances, which appear to exert a chemical action on the matter of which the particles are composed. To these appearances we have been induced to devote the more attention, from their seeming calculated to throw some light on the composition and structure of the particles. We were also desirous of not hastily or rashly denying the existence of those colourless central globules which have been strongly insisted on by Sir Everard Home and Bauer, and by Prevost and Dumas; and which have been regarded not merely by them, but by other distinguished and intelligent Physiologists, as constituting, by their varied combination, the different organic tissues. The separation and detection of these globules is stated to be facilitated by some of the means which effect the changes to which I have alluded; but, as I have already stated, we have in vain looked for these globules.

"After Blood, taken from the living body, has been kept a sufficient length of time for an alteration in the form of the particles to commence—and this, according to circumstances, will be from a very few hours to one or more days—the first change which we have noticed is a notched or jagged appearance of the edge of a few of the particles.

The number so modified continues to increase: some of the particles lose their flattened form, and appear to be contracted into a more compact figure; but their outline continues to appear irregular and notched, and their surfaces seem mammillated. Hewson and Falconar appear to have accurately noticed this change; and have compared the particles in this state to little mulberries. When more time has elapsed, most of the particles lose this irregularity of surface, assume a more or less perfectly globular form, and reflect the image of an interposed opaque body, as a convex lens would do. Some of the particles resist these changes much more obstinately than others.

"If a small quantity of Blood be placed between two pieces of glass, which are afterwards pressed together with some force, several of the particles, however recent the blood, will be materially altered: the smooth circular outline is lost, and, as in the former case, they appear notched: a few seem to be considerably extended by the compression. When the surface of the particles has in this way been broken into, the ruptured part exhibits an adhesive property, capable of gluing it to another particle, or to the surface of the glass; but the particles in their natural state, though often drawn together, or applied to the surface of the glass by the force of attraction, seem to be nearly, or quite, void of adhesiveness.

"There is scarcely any fluid, except Serum, which can be mixed with the Blood without more or less altering the form of its particles; probably in consequence of some chemical change. In this general result, our observations accord with those of Hewson and Falconar, whose experiments of this kind were very numerous. We differ in some of the particulars; but we reserve the detail of these for a future occasion. There is no fluid which, when mixed with the blood, produces a more remarkable and sudden alteration in the appearance of the particles, than water does. With a rapidity which, in spite of every precaution, the eye almost invariably in vain attempts to follow, they change their flattened for a globular form; which, from the brightness and distinctness of the images which they reflect, as convex lenses, must be nearly perfect.

"Contrary to Sir Everard Home's remark, that the particles in their perfect and entire state are not disposed to arrangement, it is in this state only that we have found them run into combinations, which they assume with considerable regularity. In order to observe this tendency of the particles, a small quantity of Blood should be placed between two slips of glass. In this way, the attraction exerted by one of the pieces of glass counteracts that of the other; and the mutual action of the particles on each other is not interfered with, as is necessarily the case when only one slip is employed.

"When the Blood of man, or of any other animal having circular particles, is examined in this manner, considerable agitation is, at first, seen to take place amongst the particles; but, as this subsides, they apply themselves to each other by their broad surfaces, and form piles or *rouleaux*, which are sometimes of considerable length. These *rouleaux* often again combine amongst themselves; the end of one being attached to the side of another, producing, at times, very curious ramifications.

"When Blood containing elliptical particles is examined in the same manner, it exhibits a not less remarkable, but very different mode of arrangement. Though they are applied to each other by some part of their broad sides, they are not so completely matched one to another as is the case with circular particles; and instead of placing themselves at right angles to the glass, with their edges presented to its surface, they are generally seen nearly parallel to it; one particle partially overlaying another, and their long diameters being nearly in the same line. The lines thus formed are subjected to a kind of secondary combination, in which several assume to themselves a common centre, whence they diverge in radii. It is by no means rare to see several of these foci in the field of the microscope at one time. The particles at these points appear crowded, confused, and misshapen. This tendency to arrangement is, perhaps, not to be wholly attributed to the ordinary attraction existing between the particles of matter, but is, probably, to a greater or less degree, dependent on life; since we have not only observed that the aggregating energy is of different force in the Blood of different individuals, but that in the Blood of the same individual it becomes more feeble the longer it has been removed from the body. At the same time, we are very far from believing that these, or any other mode of aggregation which the particles of the Blood may be observed to assume, ought to be regarded as at all analogous to the process which nature employs in the formation of the different tissues." The Editor, in his Thesis, briefly stated this opinion, which he was induced to form *à priori.*"

Pus.—"As far as we have yet examined this secretion, its particles appear to be as irregular in size and figure as those observed in the Brain, and bear no resemblance to those of the Blood." (See the Paper before mentioned.)

Milk.—"In this fluid, the particles appear to be perfect globules; but, far from being uniform, they present the most remarkable varieties in respect to size. Whilst some are more than double, others are not a tenth-part of the size of the particles of the Blood, to which they bear no resemblance." (See the Paper before mentioned.)

SECTION XI.

PREPARATIONS ILLUSTRATIVE OF THE FLUIDS.

⁂ In consequence of the smallness of the number of these Preparations, it has not been thought necessary to make two Sections of the Healthy and Pathological Specimens.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
856	Fibrine, separated, by agitation, from recent blood, and washed.		C. A. Key, Esq.
857	Dried Fibrine, weighing 28.1 grains, from ten drachms of blood.		
858	Coagulated Serum.—A sediment has formed, containing numerous brilliant particles resembling metallic sand; probably produced by the separation of an iridiscent coating deposited on the glass by slow decomposition.		
859	Albumen, coagulated.		Sir Astley Cooper.
860	Another specimen.		
861	Crassamentum of Blood, cupped and buffed; from a patient labouring under apoplexy.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
862	Crassamentum of Blood, much cupped and buffed; from a patient labouring under inflammation.		
863	Section of Crassamentum, from the blood of a patient labouring under inflammation.—The under surface is deeply cupped as well as the upper; probably, in a great measure, the effect of the rectified spirit in which it is placed.		
864	Section of Blood, drawn during inflammation. The buff of unusual thickness.		
865	Crassamentum of Blood, having a remarkably milk-white coating. From a patient whose urine was milky, and often coagulated spontaneously. Also a specimen of the Urine thus coagulated.—(See Prep^{n}. 878.)		Sir Astley Cooper.
866	Blood, in which the Crassamentum is firm, and bears a very small proportion to the Serum.—There is a considerable iridescent deposit on the glass, the effect of the slow decomposition of the Serum.		
867	Crassamentum from the Blood of a Horse, drawn during inflammation. The buff of very great thickness.		
868	Section of Crassamentum, from the Blood of a Horse; drawn during inflammation.		
869	Sap from a Vine.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
870	Chyle.		
871	A mixed substance, of a fluid and grumous consistence, chiefly composed of Blood; and which appears to have been taken from a Hæmatocele.		
872	Another specimen.		
873	Menstrual Fluid, which had been retained by Imperforate Hymen. From a patient of Sir Astley Cooper's.	Old Museum Book. No. 109.	
874	Another specimen.		
875	The Fluid from Hydrocele; containing abundance of Albumen, which has been coagulated.		
876	Puriform Fluid, from Ovarian Dropsy.		
877	Urea.		Dr. Prout.
878	Urine, spontaneously coagulated, and mixed with red particles of blood; from a Lad, 14 years of age, a patient of Sir Astley Cooper's. The complaint was of about 18 months' standing: it was attended with little or no pain or inconvenience, further than that there was evident debility and paleness. The urine passed in the morning coagulated like this specimen: that passed in the day-time did not do so, but resembled milk, both in appearance and smell, but had a redder tinge.		Sir Astley Cooper.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
879	Diabetic Urine, reduced to an extract, in the form of molasses.		
880	Extract, resembling treacle, and weighing eight drachms and fifteen grains; from one pound of Diabetic Urine, of the specific gravity 1.025.		
881	Extract, resembling treacle, from Diabetic Urine.		
882	Another specimen		
883	Diabetic Urine, much concentrated, and containing a large quantity of solid matter, imperfectly crystallized.		
884	Brown crystallized saccharine matter, obtained from the evaporation of Diabetic Urine.—Ten ounces yielded 214 grains.		
885	Oxalic Acid, produced from three ounces of a white solid mass; obtained from Diabetic Urine.		

SECTION XII.

MISCELLANEOUS, ON THE GROUND FLOOR.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
886	Skeleton of a small Female. The bones of the extremities, especially of the lower, are much distorted from Rickets. The Pelvis is slightly distorted.		
887	Skeleton of a Negro, who was executed for piracy.		
888	Skeleton of a Male subject, of which both the Ossa Femorum are greatly enlarged, from Periosteal inflammation induced by mercury. Both Humeri, and the left Tibia, are also affected; and some other bones slightly so.		
889	Skeleton of a Man, affected from infancy with Chronic Hydrocephalus. It is of moderate stature, but the bones are very slender. The Cranium measures 33 inches in circumference. He died at the age of 27 years.	Miscellaneous Insp. Book. Case of J. Cardinal.	
890	Skeleton of a Native of O-wy-hee. He came to this country as a sailor, and died shortly after; apparently aged between 50 and 60. Both jaws are nearly edentulous, probably from the extraction of the teeth as a sign of mourning. (See Prcp^{ns}. 420, 422, and 2008.)	1st Green Insp. Book page 22.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
891	Skeleton of John Birt, executed at Horsham for the murder of his Child, while attempting the murder of his Wife. In the affray, he mortally wounded his child with a knife, which also penetrated the breast of his wife.		Walter Dendy, Esq.
892	Skeleton of an Adult Male.		
893	Natural Skeleton of a Child, made by Mr. Lucas.		Mr. Lucas.
894	Natural Skeleton of a Sweep, much distorted from Mollities Ossium, and exhibiting numerous fractures.		
895	A set of separated Bones of the Head.		Dr. Hodgkin.
896	Another set.		Dr. Hodgkin.
897	Thorax, with the Cervical and Lumbar Vertebræ.		
898	Male Pelvis, articulated.		
899	Female Pelvis, articulated.		
	SPECIMENS OF BONES, FOR LECTURES AND DEMONSTRATIONS. Arranged in Drawers.		
	Bones of the Upper Extremity.		
900	Vertebræ : strung. Dorsal Vertebræ : strung. Lumbar ditto : ditto. Some Sections of Cervical Vertebræ.		

MISCELLANEOUS, ON THE GROUND FLOOR.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
901	Five Sacra. One Os Coccygis.		
902	Four Ossa Sterni.		
903	One Set of right Ribs: wired. One Set of left ditto: ditto. Fifty-three loose Ribs, from both sides.		
904	Three Occipital Bones. One Os Triquetrum.		
905	Twelve Temporal Bones. The Small Bones of the Tympanum, in a box.		
906	Five right Parietal Bones.		
907	Four left Parietal Bones.		
908	Seven Sphenoïd Bones.		
909	Two Ethmoïd Bones.		
910	Two corresponding superior Maxillary Bones, united. Seven separate superior Maxillary Bones. One dried Section of the Nasal Cavities.		
911	Six Ossa Palati.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
912	Seven Malar Bones.		
913	Seven Ossa Nasi.		
914	Three Ossa Unguis.		
915	Four Vomera.		
916	Thirteen inferior Turbinated Bones.		
917	Six inferior Maxillæ.		
918	One Basis of the Scull.		
919	Another specimen.		
920	Two Calvariæ.		
921	A Box, with Preparations of the Internal Ear.		
922	Twelve Clavicles. Five Scapulæ.		
923	Nine Ulnæ. Eleven Radii. One articulated Scapula, Clavicle, and Upper Extremity. Two Hands, articulated.		
924	An entire Set of Bones of the right Hand.		
925	Four Scaphoïd Bones.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
926	Four Ossa Lunaria.		
927	Four Ossa Cuneïformia.		
928	Two Pisiforme Bones.		
929	Four Ossa Trapezia.		
930	Four Trapezoïd Bones.		
931	Four Ossa Capitata.		
932	Five Ossa Unciformia.		
933	Numerous loose Bones of the Metacarpus and Phalanges.		
934	Several articulated Phalanges.		
	Bones of the Lower Extremities.		
935	4 Ossa Innominata. 4 Ossa Femorum. 6 Patellæ. 4 Tibiæ. 8 Fibulæ. 1 Articulated Leg and Foot. 2 Articulated Feet.		
936	One entire set of Bones of the right Foot.		
937	Four Ossa Calcis.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
938	Five Astragali.		
939	Several loose Scaphoïd, Cuboïd, and Cuneïform Bones.		
940	Numerous loose Metatarsal, Phalangeal, and Pisiform Bones.		
941	A Box, with a glass cover, containing upwards of 72 specimens of Urinary Calculi, arranged according to the order adopted by Dr. Prout. Many of them are the counterparts of sections described in Part II.	See the accompanying List.	
	Comparative Skeletons.		
942	Skeleton of a Horse.		
943	Skeleton of an Elephant.		Lieut. Col. Herriot, 22d Foot.
944	Cranium and Lower Jaw of the Hippopotamus.		
945	A Cat, with a Rat in its mouth. Both animals were found, perfectly dried, in the roof of a house in St. Saviour's Church-yard.		B. Harrison, Esq.
946	Skeleton of the Mustella Putorius.		
947	Skeleton of a Fœtal Calf, with two Heads and Necks.		Sir Astley Cooper.
948	Skeleton of the Emew.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
949	Skeleton of a Heron.		
950	Skeleton of an Iguana, in a glass-case.		J. Dalrymple, Esq.
951	Skeleton of a Lizard, in the same case as the preceding.		J. Dalrymple, Esq.
952	Skeleton of a Salamander, in the same case as the preceding.		J. Dalrymple, Esq.
	Injected Preparations.		
953	A dry preparation of the left Arm; shewing the Arteries, Veins, and Nerves.		
954	Another specimen.		
955	A dry preparation of the five Lumbar Vertebræ, with the left half of the Pelvis and Leg of a Female; shewing the Arteries, Veins, and Nerves, with a portion of the Bladder and Uterus.		
956	The right Arm of a Black, with the superficial Absorbent Vessels, injected by Sir Astley Cooper		Sir Astley Cooper.
957	A dry preparation of a young subject, with the Arteries and Veins injected.		
958	A dry preparation of a Fœtus, injected; affected with Spina Bifida and Hydrocephalus. The Ossification of the Bones of the Head very incomplete, and the portions of the Os Frontis remarkably cribriform.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
959	Dried and injected preparation of the Axilla, from a patient whose Subclavian Artery was tied for Aneurism by B. B. Cooper, Esq.—The operation was followed by the formation of a large Abscess.	Miscellaneous Insp. Book. Case of — Weston.	
960	Dried and injected preparation of the right half of the Pelvis and Thigh, from a man whose external Iliac Artery was tied for Aneurism by Sir Astley Cooper.—The patient survived the operation upwards of 14 years. The Anastomosing branches large and tortuous.		
961	The left half of the Pelvis and Thigh, from a patient whose external Iliac Artery was tied for Aneurism by John Morgan, Esq.—The man survived three weeks after the operation. There is considerable Ossification of the Arteries.		
962	The Bones of a Fœtus, arranged on a black ground, framed and glazed. —This preparation was made by Mr. De Lestre.		
963	Portions of Blades and Handles of Knives, and a Metallic Button, found in the stomach and intestines of John Cuming, who died in Guy's Hospital ten years after having swallowed them at different periods, by way of feat. (See Prep^{ns}. 961 and 1800.)	Red Insp. Book, p. 259. Cuming's History of himself, and Medico-Chirurgical Transactions, Vol. XII.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
964	Several portions of Blades and Handles of Knives passed per anum, on different occasions, by John Cuming, before his admission into Guy's Hospital.		Dr. Lara; and — Kelly, Esq. Surgeon to H.M.S. Isis.
965	Scull and Lower Jaw, on which the different Bones and Processes are marked. On a mahogany stand, with a glass-cover.		R. Stocker, Esq.
966	Separate Bones of the Head, mounted in juxta-position, to shew their relative situation.		
967	Foot of a Negro affected with Elephantiasis.		R. C. Thomas, Esq. Barbadoes.
968	Spleens of Man, and Sheep, filled with yellow wax.		Sir Astley Cooper.
969	Sections of a Human Foot, of which the soft parts have been converted into Adipocere, by long maceration.		
970	Gorgonia Flabellum (Veneris).		John Morgan, Esq.
971	Madrepora Cerebrum.		Jas. Browell, Esq.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	MODELS, AND CASTS, ILLUSTRATIVE OF DESCRIPTIVE ANATOMY, &C. *** Those connected with Morbid Anatomy, are described in a subsequent part.		
972	Model of a Human Skeleton, in plaster, on a small scale. Made by Joseph Towne, Esq.		
973	Model of the Sphenoïd Bone, in plaster; three times the natural size.		
974	Model of the small Bones of the Ear; on an enlarged scale.		
975	Model of the left Temporal Bone, with the internal Ear exposed; on a large scale. Made by M. Dupont of Paris.		
976	Model of part of the Temporal Bone, with the external Ear exposed; on a large scale. Made by J. Towne, Esq.		
977	Another Model, on an enlarged scale, in which the external Ear and Tympanum are partially shewn. Made by J. Towne.		
978	Model of a part of the Petrous portion of the Temporal Bone, on an enlarged scale; shewing the Labyrinth.		
979	Plaster Figure of Atlas: the superficial Muscles strongly marked.		Brookes's Collection. J. Morgan, Esq.
980	Bust of Dr. Mead.		
981	Bust of Mr. Belcher, formerly Surgeon to Guy's Hospital.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
982	Bust of Patrick O'Brien, the Irish Giant.		
983	Bust of Horace Smith; on which the Phrenological Divisions are marked, according to the System of Dr. Spurzheim.		
984	A Plaster Model of the Torso Belvidere.		
985	A Plaster Model of part of an antique Statue of Venus.		
986	Cast of the Knee and Hand, from the Antique.	Cat. I. 92.	Brookes's Collection.
987	Plaster Cast of the Human Figure; with the skin removed, to shew the superficial Muscles.		
988	Cast; shewing some of the Muscles, the Ligaments and Tendons, of the Hand.		
989	Cast; shewing some of the Muscles, the Ligaments and Tendons, of the Foot.		
990	Wax Model of the Head, with the Calvaria removed; shewing the Brain and its Membranes. Made by J. Towne, Esq.		
991	Wax Model of the Brain, included in the Pia Mater: the inferior surface particularly shewn, with the origin of the Nerves, and the Arterial Circle of Willis. Made by J. Towne, Esq.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
992	Another specimen. Made by J. Towne, Esq.		
993	Wax Model of a Section of the Brain; shewing the Lateral Ventricles, and their contents. Made by J. Towne, Esq.		
994	Wax Model of a preparation of the Head and Neck; shewing a longitudinal Section of the Brain, the origin of the Cerebral and Cervical Nerves, the contents of the Orbit, and the Muscles and Nerves of the left Side of the Face. Made by J. Towne, Esq.		
995	Wax Model of a Section of the Head and Neck; shewing the Cavities of the Nose and Mouth, the Trachea, and Pharynx. Made by J. Towne, Esq.		
996	Wax Model of the parts of Hernia in the Male: dissected. Made by J. Towne, Esq.		
997	Wax Model of the parts of Hernia in the Female: dissected. Made by J. Towne, Esq.		
998	Wax Model of the Gravid Uterus, Fœtus, and its Membranes.		
999	Manuscript Anatomical Chart, exhibiting at one view the Descriptive Anatomy of the Human Body. Compiled and written by the late George Tully, formerly Assistant Curator of the Museum.		Mr. G. Tully.

PART II.

MORBID ANATOMY.

In entering on the Second Part, which constitutes the most important Division in this Volume, it may be proper to repeat the remark already expressed in the Introduction; namely, that the Observations prefixed to the Sections are not to be considered as designed to present any thing like a complete illustration of the subjects comprised in them; but merely as incidental additions, to increase the interest of some particular points. It is obvious, that the illustration of the Part now before us would require nothing less than a system of Pathological Anatomy, and far exceed the limits prescribed to this work.

The numerous inspections which it has fallen to the Author's lot to make, or witness, during the last ten years, have afforded opportunities of examining the greater number of Pathological alterations, to which the various organs of the human body are liable, and, as he believes, have furnished him with motives for modifying or adding to the descriptions which have been given of some of them. Although this circumstance has necessarily influenced the arrangement and description of some of the Preparations belonging to this Part, the Author has refrained from entering into details which rather belong to his Lectures on Morbid Anatomy, than to the Catalogue of the Museum.

OBSERVATIONS ON SECTION I.

OF PART II.

It does not appear necessary to prefix any general Remarks to this Section: but it may afford some assistance to those who have only time to take a transient and partial review of the Museum, to point out a few of the most interesting Preparations contained in the Section. As such may be mentioned, 1011 and 1012, which exhibit the Processus Dentatus so much enlarged as to have occasioned Paralysis. A similar effect was produced by Fungoïd disease of the Spine, in the patient who furnished the Preparation 1028. Several of the succeeding Preparations consist of Fractures of the Vertebræ; in all of which, where death did not almost immediately follow, disease of the Bladder was induced. 1037 is a specimen of Fungoïd disease of the body of a Vertebra succeeding to accident. 1067, 1068, 1069, and 1069^{A}, are specimens of a remarkable affection of the Bones of the Head, under which they become thick and spongy. Some very good cases of this kind have been described by Wadd; but the precise nature of the affection does not appear to be understood. 1070 is a complete Anchylosis of the Lower Jaw, induced by accident. A similar Preparation, occasioned by Rheumatism, is preserved in the Museum at Leyden, and has been described by Sandifort.

1114, a specimen of Fracture of the Neck of the Humerus, with dislocation of the Head of the Bone, is very interesting, from the circumstance of its having been known to have produced symptoms which are considered as indicative of Fracture of the Neck of the Scapula.

1163 is a remarkably good illustration of some of the peculiarities of Fungoïd disease affecting the Bones.

Amongst the specimens of the Thigh-bone, are many instances of that derangement of the Head and Neck, which is liable to be mistaken for Fracture through the Neck. 1183 is one of the specimens of Fracture through this part, and to a great degree within the Capsular Ligament: the union, though remarkably close, is wholly ligamentous.

SECTION I.

BONES.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(1.) *The Vertebræ—Sternum and Ribs—Scull, and Bones of the Face.*		
1000	Spina Bifida, in the Fœtus at a very early period.		Dr. Addison.
1001	Spina Bifida.		
1002	Another specimen.		
1003	Another specimen, with the protruded portion included in a ligature.		Mr. Butler, Woolwich.
1004	Sacrum, with the Canal open posteriorly, from deficiency of the Spinous Processes.		
1005	Vertebral Column, distorted by Lateral Curvature: bony matter deposited in the concavity, and producing Anchylosis of three of the Vertebræ and the last Rib.		
1006	Vertebral Column, of an old subject: contortion considerable: Anchylosis between some of the bones.		T.Foster, Esq.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1007	Vertebral Column, distorted by Lateral Curvature.		
1008	Three Anchylosed Lumbar Vertebræ; from a case of Lateral Curvature.		
1009	Sacrum, with the lower part bent preternaturally forwards.		
1010	Sacrum, with the lower part projecting preternaturally forwards.		
1011	Considerable Bony Deposit on four of the Cervical Vertebræ; producing compression of the Spinal Cord, by the enlargement of the Processus Dentatus, and Anchylosis. The effect of injury. — Anchylosis of Lower Jaw (see Prepn. 1070) existed in the same subject.	Red Insp. Book, page 188. Case of Chas. Davies, a Black, from Jamaica.	
1012	Exostosis on the Processus Dentatus. It produced partial Paralysis, both of the upper and lower extremities. From a patient under the care of Dr. Bright.		
1013	Section of Dorsal Vertebræ, anchylosed by a copious deposition of bony matter.		
1014	Two Dorsal Vertebræ, anchylosed by a copious deposition of bony matter.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1015	Dorsal and Lumbar Vertebræ, anchylosed by a copious deposition of bony matter.		
1016	Lumbar Vertebræ, anchylosed by a lateral deposit of bony matter.		
1016^A	Lumbar Vertebræ, two of which are united by a copious and irregular deposit of bony matter. There appears to have been disease of the Intervertebral substance.		From Dissecting Room.
1017	Lumbar Vertebræ, affected with Exostosis, forming curved ramiform projections from the edges of the bodies.		
1018	Atlas, partially destroyed by Ulceration; accompanied by Abscess, making its way to the anterior part of the Vertebral Column.		C.A. Key, Esq.
1018^A	Several of the Dorsal Vertebræ: the bodies of the fourth and fifth destroyed by an extensive Abscess. From a Child six years of age, who died with symptoms resembling Croup, but without disease of the Larynx or Trachea.	Miscellaneous Insp. Book, page 13. Case of W. Gibbs.	
1019	Disease, apparently Scrofulous, in the bodies of two Dorsal Vertebræ: one of which is to a great degree absorbed, producing Curvature forwards, and pressure on the Medulla Spinalis.	Old Mus. Book, No. 264.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1020	Ulceration and partial Absorption of the body of the first Lumbar Vertebra; producing Curvature forwards, and compression of the Spinal Cord.		
1021	Bodies of two Dorsal Vertebræ, anchylosed, and hollowed by Abscess. (See 1292, the corresponding wet preparation; from which it appears that the disease commenced in the Intervertebral substance.)		
1022	Bodies of several Dorsal Vertebræ, excavated by Ulceration; producing considerable Incurvation forwards.		
1023	Abscess in the bodies of the Vertebræ, terminating in Anchylosis. A dry Section.		
1024	A Section, corresponding to the preceding.		
1025	Ulceration of the bodies of two Dorsal Vertebræ; producing Contortion forwards, and Anchylosis.		
1026	Lumbar Abscess, from disease in the Spinous and Transverse Processes of the Vertebræ.	Old Museum Book. No. 89.	
1026A	The last Dorsal and two first Lumbar Vertebræ, affected with Ulceration, and slight Exostosis, from Abscess; which appears to have commenced in the Intervertebral substance: there is likewise a considerable Lateral Curvature.	6th Green Insp. Book, page 49. Case of Abr. Harrow.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1027	Destruction of the greater part of the body of the fifth Lumbar Vertebra, from Psoas Abscess, terminating in Anchylosis.		
1027^A	Last Lumbar Vertebra, and Sacrum, affected with Scrofula: the Intervertebral substance destroyed by Abscess.		
1028	Several of the Dorsal Vertebræ, affected with Fungoïd disease, in which the Spinal Cord and its Membranes are implicated: Paralysis was the consequence. From a patient of Dr. Cholmeley's. He had the disease in various parts of the body.—(See Prep^ns. 1024, 1449, 1544, 1548, 1782, 1927, 2012.)	C. A. Key's Record of Inspections. Case of John Fenn.	
1029	Cancerous degeneration of the bodies of the Vertebræ, from a patient affected with Scirrhous Mamma.		Mr. Langley.
1030	Fracture of the seventh, and Dislocation forwards of the sixth Cervical Vertebra.	Old Museum Book, No. 96.	
1031	Fracture and Dislocation of two Cervical Vertebræ. The patient survived five days. The Bladder was found diseased.—(See 2063.)	Old Museum Book, No. 62. Case of Edw. Patrick.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1032	Fracture of the sixth Cervical Vertebra, with Dislocation. Death was produced in twenty-four hours. A patient of C. A. Key's.	C. A. Key's Record of Inspections. Case of Dan. Keefe.	
1033	Fracture of the Cervical Vertebra. The patient survived sixteen days.		Mr. Greenwood.
1034	Section of Fractured Cervical Vertebræ, from a patient in the Clinical Ward, who died of Arachnitis. The fracture was not discovered till after death.	2d Green Insp. Book, page 130. Case of John Clark.	
1034^A	Dorsal Vertebræ, with Fracture and great displacement between the third and fourth: from a patient of Mr. B. B. Cooper's.—He survived the accident three weeks.	4th Green Insp. Book, page 152. Case of Thos. Brian.	
1035	Fracture of the body of the first Lumbar Vertebra.	1st Green Insp. Book, page 17. Case of J. Cochrane.	
1036	Fracture about the tenth Dorsal Vertebra; from a patient of C. A. Key's, in Barnabas Ward. The patient survived several weeks, and died of diseased bladder. — (See Prep^{ns}. 2034, 2096, and Cast.)	4th Green Insp. Book, page 55. Case of Jas. Harlow.	
1037	Section of Lumbar Vertebræ, crushed, and affected with Fungoïd disease, in consequence of a violent effort. The body of the diseased vertebra is nearly gone, but the Intervertebral substance appears to be sound. — (See Prep^{ns}. 1038, 1554^A, 2052, 2053, and 2093.)	4th Green Insp. Book, page 64. Case of Fred. Hunter.	
1038	A Section—The counterpart of the preceding.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1038A	Sternum, irregularly and imperfectly formed.		From Dissecting Room.
1039	Ensiform Cartilage, ossified; with a deficiency in the middle, producing a Foramen.		
1039A	Ensiform Cartilage; with a Foramen, through which protrude a portion of Peritoneum and fat.	5th Green Insp. Book, page 51. Case of Jas. Collins.	
1040	Bifid Ensiform Cartilage.		
1041	Another specimen.		
1042	Fungoïd Tumor in the cancellated structure of the Sternum; from a patient of Dr. Cholmeley's, who furnished numerous preparations of the same disease. — (See Prepns. 1028, 1449, 1544, 1548, 1782, 1927, and 2012.)	C. A. Key's Record of Inspections. Case of John Fenn.	
1042A	Fungoïd Tumor, attached to the Sternum, which is implicated in the disease.		
1043	Fracture of the second bone of the Sternum, with displacement.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1043A	Cartilage of one of the False Ribs, with a cavity in its interior, which was filled with a glary fluid resembling Synovia.		
1044	Congenital deficiency of the greater part of the third Rib.—(See Prepns. 1771, 2456, and a Cast.)	4th Green Insp. Book, page 120. Case of John Welsh.	
1045	Supernumerary Rib, above the usual first rib, on the right side.		From Dissecting Room.
1046	A Rib affected with Exostosis.		
1047	Exostosis of the Ribs, which are anchylosed to the Vertebræ.		
1048	Exostosis of the Ribs, with Anchylosis to the Vertebræ.		
1049	Exfoliated portion of a Rib, making an ulcerated opening into the Lung, which is loaded with Tubercles. The patient had a Psoas Abscess, and diseased knee. He was under the care of Sir A. Cooper.	Old Museum Book, No. 169. Case of Jas. Morton.	
1049A	A Rib affected with Necrosis; the effect of Syphilis.	Cat. LVI. 69.	Brookes's Collection.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1050	A Rib affected with Fungoïd disease, producing fragility. — (See Prepns. 2056, 2318.)	2d Green Insp. Book, page 57. Case of Eliz. Woodward.	
1050A	Two Ribs, one of which is affected with Fungoïd disease.		
1051	Dried preparation of a Fractured Rib, with which there co-existed an external Cyst, containing air.		Mr. King, from Paris.
1052	Fractured Rib, united.		
1053	Three Ribs, fractured, and united.		
1054	Three Ribs, fractured near the middle. The reparation attended with Anchylosis, or bony union with each other.		
1055	Longitudinal Section of the Scull of a Brainless Fœtus: the Calvaria wanting.		Mr. Dodd.
1055A	Cranium of a Child, in which there is a very considerable deficiency of the right Parietal Bone: less of the left. The child had Congenital Hernia Cerebri, which produced a tumor almost as large as the scull: one of the Lateral Ventricles, with an indurated portion of Plexus Choroïdes, extended into this tumor: the membranes of the brain of this part were much thickened. The child died when nearly two years of age.—(See Prepn. 1563, and a Cast.)		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1056	Calvaria of an Hydrocephalic Child: ossification incomplete.		
1057	Scull of an Hydrocephalic Child, two years and two months old: ossification very incomplete, leaving numerous irregular insulated spots, wholly membranous. Three pints of water were found in the brain.	Old Museum Book, No. 277.	Dr. Dunlap.
1058	A Portion of a Parietal Bone, upon which the Trephine had been employed, and reparation commenced.		
1059	Scull of a Flat-Head Indian, from the Columbia River; remarkable for the number of its Wormian Bones, occurring not only in the Lambdoïdal, but also in the Sagittal and Coronal Sutures.		B. Harrison, Esq.
1060	European Scull, apparently of a Female, having several Wormian Bones.		
1061	European Scull, with a small supernumerary Plate to the squamous portion of the left Temporal Bone.		
1062	Scull, in which the right and left portions of the Os Frontis have continued separate, forming a Frontal Suture.		
1063	Scull, in which the original division of the Os Frontis persists, producing a Frontal Suture.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1064	Scull, in which the different bones are more than usually united, the sutures being obliterated. Some appearance of Necrosis at the protuberance of the Os Occipitis.		
1065	The Head of Joseph Spearing; enlarged, and thickened, from Chronic Hydrocephalus: the structure of the bone dense: the sutures completely united.		
1066	Calvaria of a Female, externally presenting a good frontal developement, but which admitted but little space for the Anterior Lobes of the Brain, from the great, but partial, thickness of the bone: the two tables of bone distinct, but unusually separated. This patient died of Apoplexy, following the healing of an ulcer on the leg.	Red Insp. Book, page 217. Case of Emma Jacobs.	
1067	Calvaria and Base of a Scull, in which the bone is throughout of unusual thickness, but spongy, and not presenting the distinction into Tables and Diploë. The impressions of the vessels of the Dura Mater are remarkably strongly marked.		
1068	Fragment of a Cranium, in the same state as the preceding; but in which the thickness is much more considerable.		
1069	Several of the Bones of the Head of a Child, somewhat thickened, and remarkably spongy: apparently, an early stage of the affection shewn in the preceding specimens: supposed by some to be the effect of Scrofula.		From Dissecting Room.
1069^{A}	Similar specimens, from another subject.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1070	Scull of a Black, from Jamaica: the Articulation of the Lower Jaw firmly anchylosed.—(See the Cervical Vertebræ of the same subject, Prep^{n}. 1011.)	Red Insp. Book, page 188. Case of Chas. Davies.	
1071	Base of the Scull, with the Atlas firmly anchylosed to it. It would seem that, in this case, the Anchylosis has depended on some peculiarity in the growth and developement of the individual, and not on disease.		C. A. Key, Esq.
1072	A specimen, in which there is Anchylosis between the Occiput and Atlas, and also between three of the Cervical Vertebræ.		
1073	Calvaria, in which, at the anterior part, the inner table is much thickened, and presents numerous smooth Tuberous Exostoses; having, at least superficially, the hardness and whiteness of ivory: this state of the inner table is almost confined to the Os Frontis. The patient, a female, had long been the subject of incurable lunacy: she died in the Lunatic Asylum of this Hospital.	4th Green Insp. Book, page 161. Case of Jane Worth.	
1074	Calvaria, taken from a patient who had been affected with Tic Doloureux: it exhibits nearly the same appearance as the preceding. The inner table of the Os Frontis is much thickened by numerous Tuberous or Botryoïdal Exostoses; and part of both Parietal Bones are in the same state.		Mr. Wood, Birmingham.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1074^A	Scull, presenting a considerable deficiency in symmetry: exciting the idea of its having been subjected to a force obliquely pressing the upper part to the right, and the lower to the left, side.		
1075	Ulceration on the external surface of the Cranium of a Child.	Old Museum Book, No. 80.	Dr. Curry,
1076	A portion of the Cranium, in which Ulceration has commenced internally.		
1077	A Parietal Bone, the subject of extensive Ulceration and Necrosis, which appear to have commenced internally.		Sir Astley Cooper.
1078	Calvaria, in which there is a large irregular opening in the left portion of the Os Frontis. It appears to have been the result of Ulceration, and to have been of long standing.		
1079	Exfoliated portion of the Os Frontis: its dimensions rather exceed three inches by four.	Old Museum Book, No. 77. Case of D. Connor.	
1080	Calvaria, in which a large portion of Bone, consisting of a part of the Os Frontis and of both Ossa Parietalia, is exfoliating.	1st Green Insp. Book, page 62. Case of F. Newbury.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1081	Calvaria, diseased from Scrofula. There is a scrofulous deposit on the interior: absorption of bone has taken place, both internally and externally, producing a worm-eaten appearance.		
1082	Anterior half of the Base of the Scull, exhibiting extensive Fracture; implicating not only the base of the scull, but also both superior Maxillary Bones.		
1083	Portion of the Parietal Bone, removed successfully by the Trephine, from a man who attempted suicide, with a pistol loaded to the muzzle. The ball was divided by the resistance it received from the thick bone: one half passed under the scalp, and lodged in the Integuments; the other in the Diploë, depressing and fracturing the inner table.	See the Copy of the Letter which accompanied this Preparation.	Mr. George Dickenson, Ealing.
1084	Portion of a Scull, exhibiting marks of old extensive injuries, apparently produced by a sabre: one cut, five inches in length, implicates the Frontal and left Parietal Bones; a second, the squamous portion of the left Temporal Bone: and on the same side there is a fracture, several inches in length, through the Parietal and Temporal Bones, and extending to the base of the scull.—Found on the field of Marengo.		B. B. Cooper, Esq.
1085	Portion of the Parietal Bone, in which the external table is indented without fracture.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1086	Depression of the Os Frontis, below the anterior edge of the Parietal Bones. A large Os Triquetrum in the course of the Sagittal Suture.—(See Prep^ns. 1578, 1607.)	Red Insp. Book, page 201. Case of Matt. Leary.	
1087	A Redundant portion of Bone, covered by common Integument, and supporting three Teeth: it was removed from the fore part of the Upper Jaw; and appears to consist either of a malformation of the superior Maxillæ, or of Intermaxillary Bones imperfectly and irregularly formed.		Sir Astley Cooper.
1087^A	Two Ossa Nasi, necrosed.		Mr. Towne.
1088	Fractured Ossa Nasi, very badly united.		
1089	Scull, with fractured Ossa Nasi.		
1090	Lower Maxilla, which, if it belonged to an Adult, presents an original deficiency in the number of Teeth.		
1090^A	Lower Jaw; the right side much smaller than the left, and the angle more obtuse.	Cat. LVI. 30.	Brookes's Collection.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1091	Sequestrum, consisting of two-thirds of the Alveolar Processes of the Lower Jaw. Necrosis induced by the use of mercury, for Ovarian Dropsy.		C.A.Key, Esq.
1091[A]	Lower Jaw, fractured on the left side: very doubtful.	Cat. LVI. 30.	Brookes's Collection.
	(2.) *Bones of the Upper Extremity.*		
1092	Sternal Extremity of both Clavicles, anchylosed to the Sternum.		
1093	Clavicle, affected with Periosteal Inflammation.		
1093[A]	Clavicle, affected with extensive Periosteal Inflammation, from Syphilis. There is Necrosis of the Scapular extremity.	Cat. LVI. 15.	Brookes's Collection.
1094	Rather more than four inches of the middle of the Clavicle, separated by Necrosis. The patient recovered.		
1094[A]	Clavicle of a Child, remarkably spongy, and apparently affected with Scrofula.	Cat. LVI. 17.	Brookes's Collection.
1094[B]	Clavicle, which appears to be affected with Scrofula at its Sternal extremity.	Cat. LVI. 16.	Brookes's Collection.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1094^{C}	Clavicle, affected with Scrofula at its Scapular extremity. It also exhibits a united fracture.	Cat. LVI. 15.	Brookes's Collection.
1094^{D}	Clavicle, which has been fractured, and well united.	Cat. LVI. 19.	Brookes's Collection.
1094^{E}	A very oblique Fracture of the Clavicle, badly united.	Cat. LVI. 19.	Brookes's Collection.
1094^{F}	Fractured Clavicle, united.	Cat. LVI. 14.	Brookes's Collection.
1094^{G}	Clavicle, fractured, and badly united.	Cat. LVI. 16.	Brookes's Collection.
1094^{H}	Clavicle, fractured, and very badly united.	Cat. LVI. 14.	Brookes's Collection.
1094^{I}	Fracture of the Clavicle, near the Sternal extremity; badly united, and much shortened.	Cat. LVI. 17.	Brookes's Collection.
1095	Scapula, exhibiting preternatural thinness, almost producing an opening in the Dorsum.		
1096	Another similar specimen.		
1097	Scapula, of which the Glenoïd cavity and neck are ulcerated: a dry preparation.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1098	Fractured Acromion, with partial ligamentous union.		
1099	Humerus, in which the pits for the reception of the Olecranon and Coronoïd Processes of the Ulna meet, producing a Foramen. The lower extremity of the bone is affected with Periosteal inflammation.		
1100	Humerus, of which the head is deformed by considerable absorption from some parts, and slight bony deposit on others: probably the result of dislocation; but the history is not known.		
1101	Longitudinal Section of the Humerus, of which the shell is thickened by Periosteal inflammation, and partially ulcerated.		
1102	Longitudinal Section of the Humerus, thickened by Periosteal inflammation.		
1103	Necrosis of the Humerus: a very fine specimen: the Sequestrum consisting of nearly the whole of the lower half of the bone.		
1104	Sequestrum, six inches long, from the Humerus of a Child, a patient of Mr. C. A. Key's.		
1105	Numerous Bones, from a Child affected with Rickets.		Sir Astley Cooper.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1106	Fungoïd Exostosis of the Humerus, commencing in the Medullary Membrane: a dry preparation.	C. A. Key's Record of Inspections. Case of J. Fielder.	
1107	Section corresponding with the preceding, preserved wet; with the surrounding soft parts. The patient, aged 23, died of Hæmorrhage, in Cornelius's Ward, under the care of C. A. Key, Esq.	C. A. Key's Record of Inspections. Case of J. Fielder.	
1107^{A}	Section of Fractured Humerus, in which fragility was induced by Fungoïd disease of the Medullary structure.		
1108	Fractured Humerus, badly united.		
1109	Humerus, fractured about the middle, and badly united.		
1110	Another specimen, tolerably well united.		
1110^{A}	Section of the Humerus, which has been fractured, and very fairly united.		
1111	Longitudinal Section of the Humerus, fractured in two places; with ligamentous union, and false joint.	Old Museum Book, No. 117*. Case of Peter Price, a Maniac.	
1112	Lower portion of the Humerus, with fracture partly above, and partly through the Condyles: removed by operation.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1113	Elbow-joint, with an old and partially-united fracture through the outer Condyle.—From W. Wright, a patient of C. A. Key's.		
1114	Dislocation of the Shoulder, and Fracture of the Humerus, through its neck: the head of the bone lodged against the neck and superior part of the inferior Costa of the Scapula, internally. It is the fractured surface which is towards the Scapula, while the rounded head is opposed to the Ribs. The upper end of the shaft of the Humerus is against the Glenoïd cavity, attached to it by ligament.	Bequeathed to Sir Astley Cooper by Will.	Sir Astley Cooper.
1115	Radius, affected by Periosteal inflammation, producing Ulceration.		
1116	Radius, affected by Periosteal inflammation. Syphilitic.		
1117	Upper part of the Radius, in a state of Necrosis.		
1118	Elbow-joint, with fractured Olecranon.		
1119	Ulna, fractured about the middle; the broken extremities united, and attached by bone to the Radius. The lower extremities of both bones seem to indicate that the arm had been amputated at the wrist.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1119A	Stump of a Finger, amputated by Mr. B. B. Cooper.		
1120	Hand of a Child, possessing a supernumerary Finger.		
1121	Exostosis from a Finger: a dry preparation.		
1122	Exostosis from the first Phalangeal Bone of the Little Finger.		
1123	Cartilage of Exostosis.		
1123A	Ulcerated Bones of the Carpus: a dry preparation.		
1124	Bones of the Carpus, ulcerated; and, with the exception of the Unciform Bone, anchylosed to each other, and to two of the Metacarpal Bones.		
1124A	Anchylosed Bones of the Carpus, with slight Exostosis at the extremities of the Radius and Ulna.		
	(3.) *Bones of the Lower Extremity.*		
1125	Male Pelvis: the Ossa Ilii remarkably thin about the middle of the Iliac Fossæ: the left Sacro-Iliac Symphysis anchylosed.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1126	Sacrum, and right Os Innominatum: the Sacro-Iliac Symphysis anchylosed.		
1127	Male Pelvis: both Sacro-Iliac Symphyses united.		
1128	Small Male Pelvis: both Sacro-Iliac Symphyses united: numerous small Exostoses along the outer Labia of the Ilia, the Brims of the Acetabula, the Symphysis Pubis, and the Rami of the Pubes and Ischia.		
1129	Large Male Pelvis: the left Sacro-Iliac Symphysis united. It presents Exostoses, similar to those of the preceding specimen.		
1129^A	Cast of a Distorted Female Pelvis: the transverse diameter contracted. The Ossa Pubis are brought in apposition to each other, and the outlet contracted by the turning up of the Sacrum and Coccyx.	Cat. I. 125.	Brookes's Collection.
1129^B	A similar Cast.		Dr. Hodgkin.
1130	Symphysis Pubis, anchylosed, and ulcerated.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1131	The right Os Innominatum; of which the cavity of the Acetabulum is increased in diameter, and the brim elevated by Chronic-Rheumatic disease of the Hip-joint: also, the corresponding head of the Os Femoris, similarly affected.		From Dissecting Room.
1132	Left Os Innominatum, of which the cavity of the Acetabulum is increased, and the brim elevated by Chronic-Rheumatic disease of the Hip-joint. The head of the Femur, enlarged by the disease, accompanies it. The Articular Cartilage appears to have been removed from both bones; which, in these spots, are polished and indurated.		
1132^A	Fungous Exostosis on the Dorsum Illii.		
1133	Right Os Innominatum, fractured.		
1134	Pelvis, comminuted by the fall of a wall.		
1134^A	Os Femoris, somewhat distorted, and at its lower part considerably enlarged: probably the effect of Rickets.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1135	Transverse Sections of old and young Thigh-bones.		
1136	Section of the head and neck of the Os Femoris; shewing absorption of the Cancelli, without depression of the neck.		
1137	Sections of the head and neck of the Femur, in an old subject; shewing absorption of the Cancelli, without depression of the neck: a wet preparation.		
1138	Section of the head and neck of an old Thigh-bone, without depression of the neck: a dry preparation.		
1139	Section of the head and neck of an old Thigh-bone; shewing the direction of the bony fibres in the cancellated structure giving support to the bone.		
1140	Neck of a Thigh-bone, of unusual length: the shaft of the bone remarkably spongy, and differing but little from the cancellated structure, which is more than usually close.		
1141	Section of the head and neck of the Os Femoris, in advanced age: the bone softened: the neck depressed and shortened.		
1142	Section of the head of the Thigh-bone, sunk from age, and with the neck of the bone very much absorbed.		

N^o.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1143	Upper part of an old Thigh-bone, of which the neck is shortened, and the head very remarkably depressed.		
1144	Head of a Thigh-bone, altered by age and Rheumatic inflammation.		
1145	Upper portion of a Thigh-bone, of which the head is enlarged and deformed: apparently from Rheumatic inflammation.		
1146	Rheumatic enlargement of the head of the Os Femoris, much more advanced than in the preceding specimen.		
1146^A	Section of the upper part of the Thigh-bone, of which the head and neck are much enlarged and deformed by Rheumatic inflammation: the Articular Cartilage diseased. The patient was supposed to have fractured the Cervix Femoris.		T. Hardy, jun. Esq.
1146^B	A Section; the counterpart of the preceding.		
1147	Section of the head of a Thigh-bone, enlarged by Rheumatic inflammation: the Articular Cartilage absorbed: the neck of the bone depressed, and nearly absorbed.		
1148	Section of the head of a Thigh-bone, enlarged by bony deposit at its union with the neck: the Articular Cartilage absorbed, and the surface partially polished.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1149	Section of the head of a Thigh-bone, enlarged by Ossific deposit round its junction with the neck, from Rheumatic inflammation: the Cartilage absorbed, and the surface polished.		
1150	Two Sections of the head of the Thigh-bone, enlarged by Rheumatic inflammation: the Articular surface polished, as in the preceding specimen.		
1151	Upper part of the Os Femoris; the neck shortened and nearly horizontal: the head of the bone greatly enlarged and distorted; very spongy; and partially polished where there appears to have been a loss of Articular Cartilage. This preparation also presents the semblance of fracture through the head.		
1152	Exostosis on the Femur, at the origin of the short head of the Biceps.		
1153	Longitudinal Section of the Os Femoris; shewing the shell of the bone much thickened, and of very dense structure, from Periosteal inflammation.		
1154	Transverse Sections of Thigh-bone, thickened by inflammation.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1155	Section of the Femur; shewing the effects of Inflammation in the Medullary structure: the whole forming a cylinder of dense Cancelli.		
1156	Head and neck of the Thigh-bone, almost destroyed by ulceration in Hip-disease.		
1157	Cast of the head of the Femur, ulcerated in Hip-disease.		
1158	Several portions of Bone, exhibiting the effects of Inflammation, Sequestra, &c.		
1159	Sequestrum, five inches long; detached from the Femur after amputation.		
1160	Sequestrum, six inches long; from an amputated Femur.		
1161	Cancerous Tubercle in the Medullary structure of the upper part of the Femur; from a patient who died of cancer of the breast. (See a Cast.) The patient had complained of Rheumatic pains in the thigh; and was under the care of Mr. Key, in Charity's Ward.		
1162	Cancerous Tubercle in the Medullary structure of the middle of the Femur.		
1163	Section of a Thigh, amputated for Osteo-sarcoma. The patient, a young woman, in Dorcas's Ward, aged 17, under the care of C. A. Key, died about six months afterwards, with Fungoïd disease in the chest, more particularly affecting the heart. (See Prep^n. 1400.)	Miscellaneous Insp. Book. Case of Ann Goodwin.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1164	Section of the lower part of the Thigh: a counterpart of the preceding.		
1165	Small Section of the preceding; shewing the effect of the disease, in separating the Lamellæ of the shaft of the bone, and the more complete Fungoïd growth between the outer layer and the Periosteum.		
1166	Lower portion of the Thigh-bone, affected with Fungoïd disease; which appears to have originated in the Medullary structure, and has produced a tumor of large size. It extends to the knee-joint, which is but slightly affected. Amputated by Mr. B. B. Cooper.		
1167	Os Femoris, of which the upper part is affected with Fungoïd disease, which has produced spongy and radiating Exostosis.	Cat. xxviii. 61.	Brookes's Collection.
1167A	Os Femoris, with several large Exostoses; apparently of Fungoïd origin. (See Prepn. 1251.)		
1168	Sarcomatous Tumor of the Thigh-bone, affecting the Medullary structure and Periosteum. From a patient of Mr. Lucas. He left the Hospital with a good stump, and improved health; but returned with the same disease in the chest, of which he died. (See Prepn. 2330.)	Old Museum Book, No. 3; and the Sequel, No. 121. Case of Thos. Heam.	
1169	Fracture of the Thigh-bone, induced by Fungoïd disease.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1170	Section of the fractured head, neck, and Trochanters of the Os Femoris. It appears to have been either induced or succeeded by disease similar to 1145 &c. The fracture is united. The Medullary matter is in much larger proportion than is natural.		J. Morgan, Esq.
1171	Dry Section, corresponding to the preceding.		
1172	Section of the upper part of the Thigh-bone, fractured through the neck and Trochanters : a wet preparation.		Sir Astley Cooper.
1173	A dry Section, corresponding to the preceding.		
1174	Upper part of the Thigh-bone, with a fracture through the neck, principally within the Capsular ligament : from an old man, between 60 and 70 years of age. He had fallen down two steps, and died 14 days after the accident, with gastric irritation and delirium.		Mr. Fogerty.
1175	Head of the Thigh-bone, separated by Maceration.		
1176	Fracture of the neck of the Thigh-bone : recent.		
1177	Another specimen.		
1178	Another specimen.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1179	Fracture and Dislocation of the neck of the Thigh-bone.		
1180	Old Fracture of the neck of the Thigh-bone, with absorption of the neck and of the Articular cartilage, but without any disposition to union of any kind.		
1181	Old Fracture, with absorption of the neck of the Thigh-bone: a dry preparation.		
1182	Old Fracture, followed by total absorption of the neck of the Thigh-bone: the head of the bone lodged in the Acetabulum.		
1183	Fracture of the head of the Thigh-bone, partly within and partly without the Capsular ligament; followed by remarkably close ligamentous union: the head of the bone sunk nearly to the level of the Trochanter major.		T. Hardy, Esq.
1184	Fracture of the neck of the Thigh-bone in a Child.		
1185	Section of Cervix Femoris; shewing very close Ligamentous union.		
1186	Dry Preparation; shewing Ligamentous union of fractured Cervix Femoris.		
1187	Section of the head and neck of the Thigh-bone, in which Bony union is supposed to have taken place: doubtful.		

No.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1188	Fracture of the Femur, in which the neck is sunk between the two Trochanters, of which the greater is broken: the patient died, in Cornelius's Ward, from injury to the head received at the same time. The injury to the Femur was not detected during life.		
1188A	Head of the Thigh-bone, fractured through the Trochanters, with considerable comminution: from a young man, who survived the accident only four or five days.	3d Green Insp. Book, page 128. Case of Sam. Jones.	
1189	Section, shewing the neck of the Femur driven into the cancellated structure between the Trochanters, and united: a wet preparation.		
1190	Corresponding Section: dry.		
1191	Os Femoris, fractured through the neck and Trochanters: the head of the bone, which is enlarged by bony deposit, is lodged in the Acetabulum. There is no appearance of union having been attempted.		
1192	Neck of the Thigh-bone, fractured obliquely between the Trochanters: union completed.		
1193	Thigh-bone, fractured close to the Trochanters, and united.		
1194	Cast of upper part of the Thigh-bone, fractured through the Trochanters, and united.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1195	Fracture of the Trochanter major. The patient died of Pericarditis, which followed the accident.	C. A. Key's Record of Inspections. Case of Eliz. Cloud.	
1196	Os Femoris, fractured between the Trochanters, and obliquely through the upper part of the shaft: union complete.		
1197	Oblique Fracture through the upper part of the Femur: united.		
1198	Non-union of a fractured Femur; from a loose piece of bone between the extremities.		
1199	Os Femoris, fractured through the middle; accompanied by Necrosis of one of the extremities: but union completed, with considerable Periosteal inflammation.		
1200	Lower extremity of Os Femoris; amputated by C. A. Key, for Compound Fracture, occasioned by a fall from a scaffold: the upper portion was protruded, and stuck into the ground. Amputated five hours after the accident. From — Aberdeen, a patient in Job's Ward.		Mr. G. W. Linton.
1201	Fracture of the Femur, piercing the Vastus Internus.	Sir A. Cooper on Dislocation.	
1202	Os Femoris of a young subject, much wasted and distorted. There appears to have been a separation of the lower Epiphysis, followed by re-union: the Condyles ulcerated.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1203	Section of united Fracture of the Femur: the earthy matter removed by acid.		
1204	Section of united oblique Fracture of the Femur, greatly overlapping: a specimen corresponding to the preceding, but in a great measure deprived of the animal matter.		
1205	Os Femoris, fractured in its upper third: union completed: the head and neck of the bone much distorted by Rheumatic inflammation.		
1206	Os Femoris, fractured through the middle, and badly united.		
1207	Section of the Os Femoris, fractured through the middle, and badly united.		
1208	Os Femoris, fractured a little below the middle, and badly united.		
1209	Os Femoris, fractured just below the Trochanters, and badly united: it is also fractured just above the Condyles.		
1210	Os Femoris, fractured about the middle, and united, with much overlapping: abundance of Ossified Callus, and considerable Exostosis.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1211	Patella, fractured longitudinally, and united, but with some absorption of bone.		
1212	Transverse Fracture of the Patella: the two portions are several inches apart.		
1212A	Transverse Fracture of the Patella, united by a Ligament of about an inch in length.		
1212B	Transverse Fracture of the Patella, united by a Ligament of about two or three inches in length.		
1213	Tibia of a young subject, rather crooked, and much wasted.		
1213A	Another similar specimen.		
1214	Tibia, much distorted, considerably thickened and enlarged: the effects of Rickets.		
1215	Small Exostoses on the upper and inner part of the Tibia.		
1216	Tibia, of which the head is somewhat enlarged, and presents several Exostoses: the Articulating surfaces face very much backwards.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1217	Portion of Tibia, exhibiting Periosteal inflammation, with Sloughing from Hospital Gangrene: injected.—Venereal. (See Prepn. 1376.)		
1218	Portions of the Tibia and Fibula, in which Periosteal inflammation is far advanced, with Incipient Ulceration. Node.		
1219	Tibia, with a large Node: Ulceration commencing.		
1220	Tibia, exhibiting the effects of Periosteal inflammation.		
1221	Fibula, exhibiting the effects of Periosteal inflammation.		
1222	Portion of a Chronic Ulcer on the Leg, injected: shewing Granulations; new, but diseased, Cuticle; thickened and indurated subjacent Cellular Membrane; and Periosteal inflammation. (See Prepns. 1350, 1351, 1622, 1653.) From a patient of C. A. Key, Esq.		
1223	Lower portion of the Tibia; shewing Granulations from the Periosteum: the effect of an Ulcer.		
1224	The lower end of the Tibia, ulcerated: a dry preparation.		
1225	Anchylosis of the Tibia, Fibula, and Bones of the Tarsus; with copious deposit of Osseous matter, from Periosteal inflammation.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1226	Fibula, greatly enlarged by copious irregular bony deposit, from Periosteal inflammation.	Cat. XXII. 116.	Brookes's Collection.
1227	Fibula, with considerable irregular bony deposit, from Periosteal inflammation near its lower extremity.		
1228	Tibia and Fibula, united by Periosteal inflammation.		
1229	Another specimen.		
1230	Another specimen.		
1231	Tibia and Fibula, anchylosed. The bones bear little if any marks of inflammation, except where the union has taken place.		
1231 A	Tibia and Fibula united at their lower extremity by Periosteal inflammation. There is considerable distortion of both bones.		
1232	Longitudinal Sections of the Tibia, of which the shell is much thickened by Periosteal inflammation. Node.		
1233	Another specimen.		
1234	Longitudinal Section of the Tibia, affected with Periosteal inflammation.		
1235	Section of the Tibia, greatly thickened from Periosteal inflammation.		

No.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1236	Fibula, affected with Periosteal inflammation.		
1237	Section of the lower extremities of the Tibia and Fibula, anchylosed by Periosteal inflammation.		
1238	Section of the Tibia and Fibula, united by Periosteal inflammation.		
1239	Head of the Tibia, with a considerable Sequestrum in the Medullary structure: amputated: a wet preparation.	Old Museum Book, No. 45.	
1240	Necrosed Tibia: the bone has been burnt.		
1241	Fibula, enlarged by Periosteal inflammation, and internally necrosed.		
1242	Necrosis of Tibia; the Sequestrum consisting of nearly the whole bone.		
1243	Necrosis of Tibia.		
1244	Tibia, affected with Necrosis. Attempts had been made to remove the Sequestrum, which is of considerable size: it belongs to a young subject, and the upper Epiphysis is nearly separated.		
1245	Necrosis of the lower portion of the Tibia: a very fine specimen.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1246	Exfoliation of the Tibia, and thickening of the Periosteum, consequent to external ulceration. A Node appears to have preceded.		
1247	Sloughing Ulcer, with Necrosis of the Tibia.		
1248	Sections of the Tibia and Fibula, softened, and crooked; from a child affected with Rickets.		
1248^{A}	Malignant Warty Ulceration, affecting the Tibia. Amputated by C. A. Key, Esq. (See Prep^{ns}. of Scirrhous Heart and Kidneys, N^{o}. 1399, 1641, and 2055.)		
1249	Warty Fungus of the Leg, which has led to the destruction of the Tibia and Fibula.		
1250	Tibia and Fibula, ulcerated from malignant disease, and preternaturally fragile.		
1251	Tibia and Fibula, anchylosed, and presenting several Exostoses, apparently of Fungoïd origin. (See Prep^{n}. 1167^{A}.)		B. B. Cooper, Esq.
1252	Tibia of a young person; shewing the bony portion of a large Osteo-sarcomatous Tumor.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1253	Fungous Exostosis of the head of the Tibia.		
1254	Parts of two Tibiæ, affected with Fungoïd disease, and beautifully shewing the bony part of an Osteo-sarcomatous Tumor.		Mr. Patchet, Plastow.
1255	Head of the Tibia, enlarged and excavated from Fungoïd disease.		
1256	Lower extremity of the Tibia, said to have been affected with Fungoïd disease.		
1257	Fungoïd Tumors, growing on the lower part of the Tibia and Fibula, with a partial bony shell. The Leg was amputated by C. A. Key, Esq. The patient died.		
1258	Section of the upper part of the Tibia: the Medullary structure has been partially absorbed from the presence of Hydatids, which induced fragility.		
1259	Tibia and Fibula, from a Leg amputated by C. A. Key, Esq. for compound fracture. One of the broken extremities of the Tibia was sawed off, to favour the reduction; but a fragment of bone, piercing and irritating the Tibialis Posticus muscle, prevented the limb from being retained in its proper position. (See the Drawing.)		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1260	Section of Compound Fracture of Tibia. The fractured portion does not appear to be in the Preparation, which seems only to shew the state of the neighbouring parts.	Old Museum Book, No. 172.	
1260A	Two portions of the Tibia, which has been fractured near its upper part, in which a very slight and imperfect attempt at union appears to have taken place, although considerable time seems to have elapsed.		From Dissecting Room.
1260B	The upper part of the Tibia; shewing an oblique Fracture badly united.		
1261	Section of the Tibia, fractured, and subsequently united.		
1262	Tibia, obliquely fractured through its lower third, and badly united.		
1263	Section of Tibia, fractured, and united.		
1264	Another specimen.		
1265	Oblique Fracture of the Tibia in its lower third, united.		
1265A	A Tibia, fractured near its middle, and badly united.		
1265B	Section of the lower part of a Tibia; shewing a Fracture badly united, and accompanied by a partial thickening of the shell.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1266	Oblique Fracture of the Tibia in its lower third, badly united.		
1267	Tibia, united after Compound Fracture: a fragment of bone appears to have been removed: a dry preparation.		Mr. M'Intyre, Newcastle.
1268	Tibia, fractured, not united, but considerably shortened from overlapping and absorption: the Fibula curved, and considerably thickened.		Dr. Sims.
1269	Section of the Tibia, fractured, and united.		
1269A	Fibula, fractured near its middle, and badly united.	Cat. xxii. 118.	Brookes's Collection.
1269B	Fibula, fractured near its lower extremity, and very badly united.	Cat. xxii. 114.	Brookes's Collection.
1270	Fibula, fractured, and badly united.		
1270A	Portion of Fibula, which appears to have been fractured, with comminution: union effected, but with considerable irregularity.		
1271	Fibula, fractured, and united, with some overlapping.		
1272	Fibula, fractured, and badly united: a small fragment partially intervening between the extremities of the larger portions, and united to both.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1273	Tibia and Fibula, fractured, and united.		
1274	Another specimen.		
1275	Tibia and Fibula, which appear to have been fractured, but well united: bony union has taken place between them, near to, but not at the point of fracture.		
1276	Tibia, fractured, but anchylosed to the Fibula, which is entire.		
1277	Tibia and Fibula, fractured, and united, but with considerable overlapping; and union commenced between the two bones.		
1278	Section of the Tibia and Fibula, fractured towards the lower part of the leg, and badly united, with Anchylosis.		
1279	Section of the Tibia and Fibula, fractured near the lower part of the leg, and badly united; with union between the bones.—The counterpart of the preceding.		
1280	Tibia and Fibula, fractured, and imperfectly united. There appears to have been some tendency to the formation of a false joint.		
1280A	Two Sections of Tibia, fractured, but united by a Ligament, producing a false joint.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1281	Tibia and Fibula, fractured at birth, and not united by bone at the end of five years: distortion very considerable.		
1282	Sections of fractured, and subsequently united, Tibia and Fibula; from which the earthy matter has been removed.		
1283	Compound fracture of the Tibia and Fibula, with the Foot attached, and its Ligaments dissected.		
1284	Leg of a Fœtus, somewhat distorted.		
1285	Foot of an Infant, having Six Toes.		
1286	A Double Toe. Removed by Sir Astley Cooper.	Old Museum Book, No. 164.	
1287	Exostosis, from the extremity of the Little Toe.		
1288	Several Bones of the Foot, affected by Periosteal inflammation; with Anchylosis and Ulceration.		
1288A	First and second Phalangeal Bones of a Toe, anchylosed.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1288^{B}	First and second Phalangeal Bones of a Toe, anchylosed.		
1289	One of the Bones of the Tarsus; exhibiting incipient disease in the Cancelli; with Scrofulous Deposit.		

OBSERVATIONS ON SECTION II.

OF PART II.

Amongst the Preparations of diseased Joints, are several good specimens of the soft and highly-vascular Membrane, which constitutes the agent by which the Articular Cartilage is absorbed. 1329^{A} is, perhaps, the most characteristic specimen of this kind. 1369 is a specimen of Muscle, in which complete fatty degeneration took place during life. Many other Muscles were similarly affected, in the same subject.

SECTION II.

SOFT PARTS ABOUT THE BONES.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(1.) *Cartilages, Synovial Membranes, Ligaments, and Fibro-Cartilages.*		
1290	Longitudinal Section of the Vertebræ, with Ulceration of the last Dorsal Vertebræ; Distortion of the Spine forwards; and Abscess running along anteriorly to the bodies of the Vertebræ. There was likewise a copious Deposit of Calcarious matter at the posterior part of the Trachea. The Case was of rather more than a year's standing, in a Lad of 17 years of age. (See Prepn. 1547.)	Old Museum Book, No. 73. Case of J. R. Grist.	
1291	Ulceration of the Intervertebral substance between the last Cervical and first Dorsal Vertebræ; with Abscess burrowing in the soft parts, anterior to the bodies of several of these bones.		
1292	Section of several of the Cervical Vertebræ; exhibiting Scrofulous Disease commencing in the Intervertebral substance. (See Prepn. 1021.)		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1292^{A}	Dislocation of the Sternal extremity of the Clavicle, upwards and outwards.	5th Green Insp. Book, page 138. Case of G. Rothram.	
1293	Dislocation of the Sternal extremity of the Clavicle upon the Sternum. (Factitious.)		
1294	Dislocation of the Clavicle on the Acromion. (Factitious.)		
1295	Synovial Membrane of the Shoulder-joint, inflamed from Rheumatism.		
1295^{A}	Shoulder-joint, in which there has been a slight displacement, with some alteration of form, from Rheumatic inflammation. An Articulating surface, of considerable extent, is formed at the under-surface of the Acromion; and there is also a small Osteo-Cartilaginous body attached by the soft parts only. The Tendon of the long head of the Biceps was flattened, and attenuated.	A Paper, by Dr. Knox, in the London Medical Gazette.	From Dissecting Room.
1296	Dislocation of the head of the Humerus upon the Dorsum of the Scapula, near the neck of that bone. (Factitious.)		
1297	Dislocation of the head of the Humerus into the Axilla. (Factitious.)		
1298	Dislocation of the head of the Humerus under the Venter of the Scapula. (Factitious.)		
1299	Elbow-joint, amputated for Scrofulous disease: one of the Condyles of the Humerus partially necrosed, and the soft parts ulcerated.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1300	Diseased Elbow-joint; exhibiting commencing Ligamentous Anchylosis: an injected preparation.		Sir Astley Cooper.
1301	Elbow-joint, amputated for Scrofulous Disease; Vascular Membrane formed; Cartilage and Bone partially absorbed; with Bony Deposit, from Periosteal inflammation, in the neighbourhood of the joint.—A patient of J. Morgan's.		
1302	Section of an Elbow, in which Anchylosis followed disease of the joint. From a patient of J. Morgan's.	6th Green Insp. Book, page 79. Case of S. Johnston.	
1303	Elbow-joint; exhibiting Ulceration of the Cartilages, and partial Membranous Anchylosis: the bone appears sound.—Amputated by J. Morgan. The boy died.		
1304	Elbow, in which inflammation of the Synovial Membrane has terminated in Anchylosis.		
1305	Numerous Osteo-cartilaginous Bodies, of considerable size, attached to the Synovial Membrane of the Elbow-joint.		
1306	Old and partial Dislocation of the Ulna.		Mr. C. Fagg, Hythe.
1307	Dislocation of the Elbow-joint. (Factitious.)		
1308	Another specimen.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1309	Inflammation of the Synovial Membrane; Ulceration of the Inter-articular Cartilage of the Ulna; and Incipient Disease of the Wrist.		
1310	Anchylosis of the Carpus, following disease; similar to that seen in Prep^{n}. 1309.		
1311	Finger, amputated for disease of one of the joints, with Necrosis.		From the Surgery.
1312	Warty Fungoïd Tumors on the joints of the Fingers.		
1313	Dislocation of the Finger between the Metacarpal Bone and the first Phalanx.		Mr. J. Stocker.
1314	Dislocation between the first and second Phalangeal Bones of a Finger.		
1315	Head of a Thigh bone, from which a portion of the Articular Cartilage has been absorbed: not suspected during life, but found accidentally in the dead-house.	4th Green Insp. Book. page 100. Case of Sarah Holm.	
1316	Absorption of Articular Cartilage near the Ligamentum Teres; and loose Osseous bodies in the condensed Cellular structure near the Trochanters.	1st Green Insp. Book, page 20. Case of M. Sullivan.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1317	Hip-joint, in which ulceration has converted the Acetabulum into a Foramen, and removed a considerable portion of the head of the Femur. Anchylosis appears to have commenced: extensive Abscesses were formed in the Thigh. From a patient of C. A. Key, Esq., in Luke's Ward.		
1318	Hip-joint, in which there is extensive ulceration of the Articular Cartilage, both of the Acetabulum and of the head of the Femur: from the latter much of the bony structure is absorbed. (From Scrofula.)		
1318^A	Two Sections of the Hip-joint, in which Anchylosis is commencing. From a Child.		
1319	Head of a Thigh-bone, on a considerable part of which a remarkable polish has succeeded to absorption of the Articular Cartilage. There is also a bony deposit around the head and neck.		
1320	Dry Preparation; shewing Dislocation of the head of the Femur on to the Dorsum Ilii. The dislocation appears to have been of long standing.		
1321	Dislocation of the head of the Femur on to the Dorsum Ilii. (Factitious.)		
1322	Dislocation of the head of the Femur on to the Os Pubis and Ilium. (Factitious.)		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1323	Dislocation of the head of the Femur into the Foramen Thyroïdeum. (Factitious.)		
1324	Dislocation of the head of the Femur into the Ischiatic Notch. (Factitious.)		
1325	Condyles of the Os Femoris; exhibiting recent and acute inflammation of the Synovial Membrane and Cartilage. From Mr. F., a private patient of C. A. Key, Esq. He was labouring under stone in the bladder; and ten days before his death he was seized with acute inflammation of the Knee-joint, and of one of the Bursæ of the Flexors. The Knee-joint was found full of puriform fluid. There was no external opening.		C. A. Key, Esq.
1326	Condyles of the Os Femoris; exhibiting recent and acute inflammation of the Synovial Membrane and Cartilage.		
1327	Knee-joint; exhibiting extensive ulceration of the Articular Cartilage on the Condyles of the Os Femoris, on the head of the Tibia, and on the Patella: the other textures little affected. From a patient of C. A. Key, Esq.		
1328	Knee-joint, of which the outer Semilunar Cartilage and the Articular Cartilage from the outer Condyle of the Os Femoris, and also from the corresponding surface of the head of the Tibia, are absorbed. Strongly marked in-knee, was the consequence. This preparation was found in the Dissecting Room. There was no appearance of recent disease of the joint.		From Dissecting Room.

Nº.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1329	Knee-joint, affected by severe suppurative inflammation of the Synovial Membrane.		
1329A	Knee-joint; amputated by C A. Key, Esq. The Synovial Membrane is thickened, villous, and highly vascular; and has effected a remarkable absorption, without ulceration, of the Articular Cartilage on the Patella and Condyles of the Femur. The patient was admitted into Accident Ward; having received a wound from an axe, by which the internal Ligament was divided, and the Semilunar Cartilage injured. An Abscess extended from the joint high up the Thigh. Amputation was resorted to, five weeks after the accident.		
1330	Knee-joint, affected with chronic suppurative inflammation of the Synovial Membrane, which is thickly covered with long and vascular Flocculi. Amputated by C. A. Key, Esq.		
1331	Knee-joint, affected with severe inflammation of the Synovial Membrane, producing ulceration of the Articular Cartilage.		
1332	Knee-joint; shewing the destruction of the outer Semilunar Cartilage, with suppurative inflammation of the Synovial Membrane, absorption of the Articular Cartilage on the same side, disorganization of the Semilunar Cartilage, and adhesion of the Synovial Membrane, without suppuration, on the inner side. From a patient of C. A. Key, Esq.—(See Prepn. 1342.)		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1333	Knee-joint, amputated by C. A. Key, Esq. There is extensive inflammation of the Synovial Membrane, destruction of the Semilnnar Cartilage, and absorption of the Articular Cartilage.		
1334	Knee-joint, with extensive ulceration of the Inter-articular and Articular Cartilages.		
1335	Longitudinal section of the Knee-joint; shewing Ligamentous union between the Tibia and Femur, with adhesion of the latter to the Patella: Anchylosis commencing. From a patient of Dr. Bright's. The Leg was amputated by C. A. Key, Esq., at the patient's request.		
1336	Counterpart to the preceding.		
1337	Section of a Knee-joint. There appears to have been spontaneous dislocation and subsequent imperfect Anchylosis. From a patient in Naaman's Ward. Amputated by B. B. Cooper, Esq.		
1338	Scrofulous disease in the Cancellated structure of the Condyles of the Femur and head of the Tibia, with Anchylosis and Abscesses.		
1339	Scrofulous disease of the Knee-joint, terminating in imperfect Anchylosis. The shell of the bone is thin, and the cancelled structure rare. The joint continued easy and free from inflammatory symptoms when perfect rest was given it, but slight exertion excited return of inflammation. Removed, by amputation, from Mr. Horn, a private patient of B. B. Cooper, Esq.		B. B. Cooper, Esq.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1340	Ulceration of the Articular Cartilage, and of the head of the Tibia.		
1341	Acute inflammation of the Synovial Membrane, with incipient ulceration of the Articular Cartilage of the Patella: injected.		
1342	Ulceration of the Cartilage of the Patella: counterpart to 1332.		
1343	Ulceration of the Cartilage of the Patella: injected preparation.		
1343A	Lower extremity of a Thigh-bone. The Cartilage removed from the Articular surface, which is surrounded by an elevated bony rim in the situation of the attachment of the Capsular Ligament.		
1344	Extensive ulceration of Cartilage and Bone at the head of the Tibia, with Periosteal inflammation.		
1344A	Loose Cartilage, removed from the Knee-joint of Mr. H. R., a private patient of C. A. Key, Esq. It had existed a year and a half, and no inconvenience followed the operation.		C.A.Key, Esq.
1345	Knee-joint, dislocated from ulceration.		
1346	Dislocation of the Tibia and Patella outwards: amputated. Appears to be the effect of ulceration.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1347	Fungoïd Tumor, attached to the Synovial Membrane of the Semilunar Cartilages. From a Knee, amputated by Sir Everard Home.		Mr. W. King.
1348	Knee-joint, destroyed by Fungoïd disease, commencing in the head of the Tibia: the greater part of the Articular surfaces of the Condyles of the Os Femoris not contaminated. Amputated by Mr. New.		Mr. New.
1349	Lower extremity of the Tibia and Fibula; shewing a Fissure in the Articular Cartilage of the former, probably the result of fracture, with little or no displacement.		
1350	Astragalus, with the remains of a Fissure upon its upper articulating surface. From a Leg amputated for obstinate chronic Ulcer, by C. A. Key, Esq.—Counterpart to the preceding. (See also 1222, and 1622.)		
1351	Portion of the lower extremity of the Tibia; exhibiting commencing ulceration of the Articular Cartilage, and the formation of a Vascular Adventitious Membrane, such as precedes Anchylosis. There is also Exfoliation of the external part of the bone, with Granulations on the Periosteum, and extensive ulceration of the neighbouring integuments. Amputated by C. A. Key, Esq.		
1352	Ancle-joint, disorganized from Scrofula; shewing ulceration of the Astragalus and Adventitious Membrane, which is injected within the joint, and an external opening, which appears to communicate with the joint. (See Prepn. 1289.)		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1353	Anchylosis of the Ancle-joint after fracture: the Astragalus a little advanced.		
1354	Ancle-joint, seven weeks after compound dislocation, with fracture of the outer Malleolus and Astragalus. There is a considerable deposit of ossified Callus on the Tibia and Fibula. From a patient of C. A. Key, Esq.		
1355	Dislocation of the Tibia forwards, with fracture of both Malleoli, which are badly united: much ossified Callus deposited about the joint.		
1356	Dislocated Ancle-joint; both Malleoli fractured.		
1357	Lower portion of the Tibia, removed in a case of compound dislocation of the Ancle-joint.		
1358	Dislocation of the Ancle-joint, inwards. (Factitious.)		
1359	Dislocation of the Ancle-joint, outwards. (Factitious.)		
1360	Os Naviculare, from which a large portion of the Articular Cartilage has been removed by absorption.		
1360^{A}	Second joint of the great Toe, affected with Scrofula, and communicating with an extensive external opening. Both the Metatarsal and Phalangeal bones are diseased. From a patient of B. B. Cooper, Esq.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1361	Toe, dislocated by the pressure of a shoe. Amputated by Sir Astley Cooper, at the request of the patient.		
	(2.) *Muscles, Tendons, Aponeuroses, and Bursæ Mucosæ.*		
1361A	The Sterno-Hyoïdeus Muscle, speckled with numerous minute bony points.		
1361B	Tumor, removed from the Deltoïd Muscle by C. A. Key, Esq. In firmness and density, it resembled an elastic Ligament; but it is lobulated, and exhibits a structure dependent on Pedunculated Cysts.		
1362	Portion of Pectoral Muscle, affected with Cancer.		
1363	Fungoïd Tumors, attached about the Muscles of the Shoulders: they are distinctly incysted, and partially ulcerated.	Old Museum Book, No. 163.	
1363A	Fungoïd Tumor, removed by B. B. Cooper, Esq. from the fore-arm, to the muscles of which it was attached. A Tumor had been removed from the same spot some years before: the complete cicatrix, left by that operation, is seen in this preparation.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1364	Tendons in their Thecæ; to the Synovial Membrane of which are attached numerous pyriform pedunculated granulations.		
1365	Deep-seated Paronychia of the middle Finger, with extensive inflammation and suppuration running along the Palm of the Hand, destroying the Tendons, going to the fore and middle Finger, and burrowing under the Flexor Tendons at the Wrist.	Old Museum Book, No. 123.	
1366	Tendon of the Flexor Profundus, adherent to the Theca: the Finger flexed.		
1367	Last joint of the middle Finger, with its Tendon from the Flexor Profundus attached to it. It was torn by a thrashing-machine: the accident was followed by Tetanus. The patient recovered.		Mr. Haynes, Trinity Sq. Borough.
1368	Upper portion of the Os Femoris; shewing Ossification of the insertion of the Psoas and Iliacus Muscles.		
1369	A portion of Muscle, apparently from the Thigh, converted into fat.	Old Museum Book, No. 235.	
1369^{A}	A Tumor, removed by C. A. Key, Esq. from the Gluteal Muscles of a Girl in Lydia's Ward. It is of considerable size, and of a firm and dense texture. Indications of the Structure dependent on Cysts are discoverable.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1369B	Fungoïd Tumor, growing from the Muscle and Tendon of the Biceps Femoris. When recent, it shewed very distinctly the mode of formation, by the production of Pedunculated Cysts.		
1369C	Ulcerated Fungoïd Tumor, removed from the Thigh by Mr. Lucas.	Old Museum Book, No. 161.	
1369D	Part of a malignant ulcerated Tumor, removed from the Thigh by B. Travers, Esq. When recent, this preparation exhibited both the appearances of Scirrhous and Fungous: the latter appeared the more recent. The line of demarcation between them was tolerably distinct.		Mr. W. I. Fagg.
1370	Transverse section of the Thigh, affected with Fungoïd disease.		
1371	Another specimen.		
1372	Another specimen.		
1373	Dried transverse section of the Thigh, affected with Fungoïd disease, commencing in the Os Femoris.		
1374	Section of a Fungoïd Thigh, corresponding with the preceding preparation: a wet preparation.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1375	Ganglion formed over the Patella: the internal surface presenting numerous Pedunculated bodies and Filaments attached to it.		
1375ᴬ	A nearly similar specimen.	Old Museum Book, No. 237.	
1376	Tendon, sloughing from Hospital Gangrene, attacking a Venereal Sore of the Leg. Belongs to 1217.		
1377	Mortified Foot; of which the natural separation took place, in Elizabeth Wilmot, a patient 83 years of age, under Sir Astley Cooper, in Charity's Ward for 13 months.	Old Museum Book, No. 91.	
1377ᴬ	A Tumor, removed from the Sole of the Foot. It is of dense texture, and its structure is evidently dependent on Pedunculated Cysts.		
1378	Little Toe; amputated by C. A. Key, Esq., for a Scirrhous Tumor situated at the under part of the little Toe of a Female aged 40. Ulcerative process not commenced.		

OBSERVATIONS ON SECTION III.

OF PART II.

It would involve a needless repetition of the greater part of this Section, to point out all the interesting and important Specimens contained in it. To facilitate the inspection of the specimens of disease of the Heart, the following brief explanation of the plan adopted in their arrangement may be found of some assistance. The Preparations in the first part of the Section exhibit Mal-formations, dependent on suspension of developement; such as, Perforations through the Septa of the Auricles and Ventricles. No. 1387, in which the Foramen Ovale is imperfectly closed, is additionally interesting, from the presence of a large Coagulum, which, to all appearance recent, had become partially organized, and adherent to the left Auricle, in which it was lodged. This case, which is unquestionably of considerable rarity, appears to resemble one mentioned by Bichat. 1388^{A}, and those immediately following it, exhibit diseases of the Muscular substance of the Heart; such as preternatural thinness, thickness, and dilatation of the Parietes, and degeneration of structure. The specimens in which the right Ventricle is concerned, are taken before those of the left. In 1392^{A}, the right and left cavities are transposed. 1396^{A} presents a specimen of true Aneurism of the Heart. 1397 is an instance of Scrofulous Tubercles formed in the substance of the Ventricles, a very rare occurrence of which Laennec has only cited four or five examples. The two next specimens are equally remarkable; the one exhibiting true Scirrhus; the other, Fungoïd disease in the same situation. Next follow the diseases of the Valves; those of the Auriculo-Ventricular openings preceding those of the Semilunar Valves. Amongst the latter are several examples of Retroversion of the Aortic Valves. Some account of this derangement of structure, which, with the exception of a very short incidental notice in the Work of Bertin, appears to have wholly escaped the observation of the Pathologists who have treated of the diseases of the Heart, was laid before the Hunterian Society, in a Letter addressed by the Editor to C. A. Key, Esq.—*See Medical Gazette*, 7. 3. 1829.

The specimens of diseased Heart terminate with those in which the Pericardium is principally affected: and they are arranged with reference to the character of the product of inflammation, rather than with any view to the exciting cause. 1448 is a specimen in which Pericarditis led to the production of an irregular but complete bony ring round the base of the heart. In proceeding to the Arteries, the Pulmonary is taken before the Aorta and its branches. Amongst the Preparations of the Aorta, may be mentioned 1473, 1474, 1475, in which this vessel was spontaneously obliterated; and the three following, shewing the effect of Ligatures upon the Aorta of Dogs.

The numerous cases of thickening, Ossification, and of Aneurism, do not require to be particularly pointed out. The Preparations relating to the different Arteries given off from the Aorta are placed in conformity to the order adopted in Part I. One of the most interesting specimens belonging to this part of the Section will be found on the Ground Floor, No. 960; and consists of a dry preparation of the right half of the Pelvis and the corresponding Thigh, and shews the state of the Anastomosing Vessels eighteen years after the obliteration of the external Iliac. It appears, from the experiments of those who have investigated the effects of Ligatures applied to Arteries, that it is not merely by the dilatation of pre-existing Anastomosing Vessels that the interrupted circulation is maintained; but that there is also, at times, a production of new vessels, passing more or less directly from the upper to the lower portion of the interrupted or divided vessel. Dr. Parry fully demonstrated this fact, in an experiment performed on the Carotid Artery of a Ram. It appears, from a Work printed in Italy nearly half a century before the publication of Dr. Parry's experiment, and pointed out to the Author, several years since, by his friend Dr. Knox, that the fact alluded to had been proved in that country, by experiments made on the Carotid Artery of a Fox. As there is no reason to suppose that Dr. Parry had ever seen the Pamphlet in which this experiment is detailed, the formation of new vessels, in the cases alluded to, may be regarded as indisputably confirmed by the coincidence of two independent testimonies. The subject has since been further illustrated by Professor Mayer, of Bonn.

Amongst the Veins, may be noticed specimens of obliterated Cava and Iliac Veins; also a specimen of obliterated Vena Portæ, and several excellent Preparations of Varicocele, made by Sir Astley Cooper.

Amongst the specimens relating to the Lymphatic System, may be mentioned 1555^{A}, in which the superficial Absorbents of the Liver are seen greatly enlarged on the Parietes of a Cyst, which contained Hydatids: several of these vessels communicated freely, by lateral openings, with the interior of the Cyst. Similar communications have also been noticed in the Veins.

SECTION III.

THE HEART,

AND VASCULAR OR CIRCULATORY SYSTEMS.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(1.) *The Heart.*		
1379	Aorta arising from both Ventricles; an aperture existing in the upper part of the Septum of the Ventricles; the Pulmonary Artery communicating with the Aorta by the Canalis Arteriosus, but not opening into the right Ventricle.		
1380	Heart, with an aperture on the upper part of the Septum of the Ventricles. It was taken from the body of a young woman, aged 20, of loose life, but who had enjoyed good health till two years before admission. Her principal symptoms were lividity of countenance, Orthopnœa, and great physical weakness. The heart is not enlarged. (Dorcas' Ward, 1821.)		
1381	Heart, with aperture in the Septum of the Ventricles at the upper part. The heart is enlarged.		
1382	Heart of a Child, with a large opening in the Septum of the Ventricles.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1383	Heart of a Fœtus, in which the Aorta arises from both Ventricles. The Pulmonary Artery is nearly obliterated.		
1383A	The Pulmonary Artery and Arch of the Aorta, with the Canalis Arteriosus still open, so as to admit a bristle. It appears to have been taken from a young subject, but not from an infant.		
1384	Heart of a Child, in which the Foramen Ovale is imperfectly closed.		T. Callaway, Esq.
1385	Foramen Ovale open in the adult. The patient lived to the age of 29, stout and active. A Pulmonic attack induced great disturbance in the circulating system: she had great Dyspnœa, universal lividity, and some Anasarca. From a patient of Dr. Babington's, in Martha's Ward.	Old Museum Book, No. 51. Case of Hannah Lee, died Feb. 5, 1806.	
1386	Foramen Ovale, imperfectly closed by a Cribriform Membrane: in the Adult.		
1387	Heart of an Adult, in which the Foramen Ovale is only closed by a Valvular Flap: the Auricles are both much distended. In the left, there is a large Coagulum, which, when recent, was semi-transparent: it adhered firmly to the Valvular Flap of the Foramen Ovale: it was obviously vascular, and admitted fine injection. The patient was aged, and had nothing of the blue disease; but, some time before her death, had great oppression of chest, and Dyspnœa. — (See Prep^{n}. 2449.)	3d Green Insp. Book, page 156. Case of Eliz. George.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1388	Sections of the Coagulum, from the preceding: dried and immersed in spirit of turpentine, to shew its vascularity.		
1388^{A}	Heart, of which the Cavities are dilated, with thinning of the Parietes, especially those of the right Ventricle, which consist more of fat than of muscular fibre.		
1389	Heart, in which there is great Hypertrophy of the left Ventricle, without disease of the Pericardium or Valves.		
1390	Extreme Hypertrophy, with dilatation, principally affecting the right side of the heart, with disease of the Mitral and the Aortic Valves.	Old Museum Book, No. 157.	
1391	Heart, in which there is considerable dilatation and thickening of the right Ventricle.		
1391^{A}	Heart, enlarged, with its apex blunted; chiefly in consequence of the dilatation of the right Ventricle, the Parietes of which are somewhat thickened and altered in texture: the right Auricle is likewise dilated. From a young man, 22 years of age, who had laboured for some months under palpitation, anxiety, and Dyspnœa, with effusion into the Thorax.	6th Green Insp. Book, page 32.	Dr. Babington, and Dr. Hodgkin.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1392	Heart, in which there is Hypertrophy and dilatation of the left Ventricle, and dilatation of both Auricles without adhesion of the Pericardium ; and little, if any, Valvular disease. The patient, about 55 years of age, died very suddenly : he had long been affected with Dyspnœa, but was not Anasarcous.	3d Green Insp. Book, page 79. Case of Joseph Lake.	
1392A	Heart of a Fœtus, in which the sides are transposed : the Aorta arising from the right Ventricle.		
1393	Heart, in which the Cellular structure in the substance of the left Ventricle is partially thickened and indurated : the Aortic Valves nearly closed by bony matter almost filling their cups. The Aorta is loaded with bony matter ; and the Pericardium appears to have been generally adherent.	4th Green Insp. Book, page 7. Case of Jas. Taylor.	
1394	Ulceration of the internal Membrane of the Heart : very doubtful.		
1395	Remarkably small Heart, with adherent Coagula, of considerable size, in both Auricles. The Coagula have a partially lamellar structure : whether any commencement of organization had taken place is doubtful. A disposition to the formation of similar Coagula in the Ventricles. Aorta stained with blood.		
1396	Rounded bodies, forming Cysts, probably Coagula, in which organization had commenced, adhering to the inner surface of the Heart, near the Auriculo-Ventricular opening.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1396^{A}	Enlarged Heart, the Parietes of which are remarkably attenuated near the Apex of the left Ventricle: the Carniæ Columnæ appear to be ruptured, and there is a considerable Coagulum formed at this part. (Aneurism of the Heart.) From a Gentleman rather above middle age. He died very suddenly, in a state of Syncope, of which he had had two or three previous attacks.	Miscellaneous Insp. Book.	Dr. Babington.
1397	Scrofulous Tubercles, developed in the substance of the Ventricles. The patient had Scrofulous disease of the Sternum, for which he was a patient under Mr. Forster. He died suddenly, out of the Hospital.		Mr. J. Stocker.
1398	Small and apparently Scrofulous Tubercle on the Mitral Valve. From a patient of Dr. Curry's, in Lydia's Ward.	Old Museum Book, No. 112.	
1399	Heart, with Scirrhous deposit in the substance of the Ventricles. The patient had the same disease in other parts; viz. in the Kidneys; and in the Leg, which was amputated for malignant ulceration.—(See Prep^{ns}. 1248, 1641, and 1658.)		Mr. Clark.
1400	Heart and portion of Lung, affected with Fungoïd disease. From a young woman, whose Thigh had been amputated for Osteo-sarcoma a few months before her death.—(See Prep^{ns}. 1163 and 1749^{A}.)	Miscellaneous Insp. Book. Case of Ann Goodwin.	Mr. J. Hilton.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(2.) *Diseases of the Auriculo-Ventricular Valves.*		
1401	Thickening and Contraction of the Tendinous Curtains and Cords of the Tricuspid Valve. The Mitral Valve is also much diseased. The Auricles were much dilated.		
1402	Both Auriculo-Ventricular Valves thickened; and the openings, especially the left, much contracted.		
1403	Thickening, apparently with Bony deposit, of the Pulmonary Artery, in the neighbourhood of its Valves, which are not implicated. Aorta much thickened.		
1404	Abundant Osseous deposit in the Mitral Valve, with great enlargement of the Auricles, thickening of the left Ventricle, and dilatation of its cavity: Aortic Valves thickened. From a patient of Dr. Bright's.	3d Green Insp. Book, page 5. Case of Eliz. Winch.	
1405	Thickening of the Mitral Valve, with much Bony deposit. The Membrane covering it appears to have given way, and favoured the adhesion of Coagula.		
1406	Heart, in which both Ventricles are dilated, and the right considerably thickened. The Mitral Valve is much thickened by Bony deposit, and the opening nearly closed.	5th Green Insp. Book, page 14. Case of John George.	
1407	Mitral Valve, ossified, and the opening much contracted.	C. A. Key's Record of Inspections. Case of Joseph M'Causland.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1408	Heart, greatly enlarged, with much thickening of the Mitral Valve and Tendinous Curtains: the Pericardium generally adherent. From a patient of Dr. Bright's, in Naaman's Ward. He died suddenly, after too full a meal.	4th Green Insp. Book, page 48. Case of J. Heaps.	
1408^A	Part of the Heart and Arch of the Aorta: the left Auricular Ventricular opening nearly closed by Bony deposit: the Tendinous Cords greatly thickened: the Aorta healthy, its Valves rather thickened.	Miscellaneous Insp. Book.	Dr. Bright, and Mr. Mountford.
1408^B	Heart, greatly enlarged; chiefly from the thickening and dilatation of the left Ventricle: the Mitral Valve nearly closed by a large irregular Bony mass deposited in one of its curtains: the Pericardium universally adherent: the production of inflammation is in the form of three distinct layers. From a patient under the care of Dr. Addison, who had asserted the existence of the Valvular disease.	5th Green Insp. Book, page 164, and the Clinical Rep. Case of T. Benson.	
1409	Section of the Heart, shewing its Valves. The Mitral thickened, and ossified.		
1410	Portion of the Heart, dried and immersed in spirit of turpentine; shewing Ossification of the Mitral Valve, and much Bony deposit in the Aorta.		
1411	Thickened Mitral Valve, almost obliterating the opening. Left Auricle enlarged.		
1412	Heart; shewing a thickened and ossified state of the Mitral and Aortic Valves, producing great contraction of the openings. The Pericardium not adherent, and the heart much less enlarged than is usual with such a state of the Valves; but the Ventricles are somewhat dilated.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1413	Extreme case of contracted Annulus Venosus.		
	(3.) *Diseases of the Semilunar Valves.*		
1414	The Aortic Valves, thickened, with commencing Ossification.		
1415	Thickened and contracted Aortic Valves.		
1416	Large soft Excrescences (Vegetations) about the lips of the Aortic Valves.		
1417	Large soft Excrescences (Vegetations) about the Aortic Valves.		
1418	Vegetation along the whole margin of the Aortic Valves, with rupture of one of them : it appears to depend on disease of the lining membrane. The patient died of dropsy.		
1419	Aortic Valves, much thickened and contracted.		
1420	Osseous Excrescences within the Cup-like Cavities of the Aortic Valves : the Mitral Valve partially ossified. From a patient affected with Fungoïd disease of the Stomach, Kidneys, and Renal Capsules.—(See Preparations from the same subject, Nos. 1462, 1812, 2022.)	Red Insp. Book, page 168. Case of John Daniel.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1421	Aortic Valves, much thickened with Bony deposit: they are united in the form of a Cupola over the mouth of the Aorta: the opening is extremely contracted: the Heart was greatly enlarged, especially the right Auricle and the left Ventricle. From William Sanders, aged 55. He had never been well, since he had Hooping Cough at two years of age.	Old Museum Book, No. 276. and 4th Green Insp. Book, page 159. Case of W. Sanders.	
1422	Aortic Valves, retroverted, with an appearance of laceration at the attachment of one of them. The specimen in which this morbid appearance was first noticed, by C. A. Key, Esq. The patient had enlarged Heart, and was Anasarcous.		
1423	Aortic Valves retroverted, with appearance of laceration at the attachment of one of them: the Heart was much enlarged, the Pericardium not adherent. The patient died with urgent Pectoral affection, in part dependent on disease of the Pleura and Lungs.	Red Insp. Book, page 181. Case of W. Ashton.	
1424	Retroversion of the Aortic Valves. This preparation was supposed to have belonged to Edward Brownless, who died in Lazarus' Ward, under Dr. Cholmeley, affected with Anasarca and great Dyspnœa, and in whom this state of the Valves was observed. This preparation greatly resembles the state of the Aorta and Vales in Brownless, as will be seen by the Inspection Book; but appears to have been taken from another patient, some months earlier.	Red Insp. Book, page 219. Case of E. Brownless.	

Nº.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1425	Retroversion of the Aortic Valves, with slight appearance of laceration at the point of attachment. The Aorta much dilated, and loaded with Bony matter. The patient was Anasarcous, had great anxiety, with expectoration of Sanguinolent Sputa; impulse of the heart strong and frequent, without bruit; death sudden: Retroversion predicted.	2d Green Insp. Book, page 20. Case of Mrs. Tunnicliffe, Disp. Patient.	Dr. Hodgkin, and E. Cock, Esq.
1426	Aortic Valves thickened: the middle one appears notched near its left extremity, with some degree of Retroversion: thick Bony patches in the coat of the Aorta.	2d Green Insp. Book, page 148. Case of J. Richardson.	
1427	Attachment of the Semilunar Valves of the Aorta, elongated, and forming a fleshy column, as in cases of Retroversion; of which there is only a slight degree in the present example.		
1427ᴬ	Heart, with the left Ventricle greatly dilated: one of the Aortic Valves retroverted. The Aorta itself dilated, and loaded with Bony matter.	Miscellaneous Insp. Book.	T. Bevan, Esq. Queen Street.
1427ᴮ	Another specimen of greatly enlarged Heart, with thickening, and slight retroversion of the Aortic Valves; with much Bony deposit in the Aorta.	See the Note which accompanied the Specimen.	C. Fagg, Esq. Hythe.
1428	Echymosed Heart, from a patient affected with Ascites.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(4.) *Diseases of the Pericardium.*		
1429	Pericardium, affected with recent inflammation from Rheumatism: the effusion highly plastic, and tending to the production of perfect Cellular Membrane.		Dr. Whiting.
1430	Heart, affected with recent Pericarditis. Coloured Size appears to have stained, rather than to have injected, the effused Lymph, which appears to be of a plastic character.	Old Museum Book, No. 150.	Mr. Davy's Collection. B. Harrison, Esq.
1431	Enlarged Heart, with universal old Cellular Membranous Adhesions of the Pericardium. From a patient of Dr. Cholmeley's, in the City.	Old Museum Book, No. 131.	
1432	Old Adhesion of the Pericardium to the Heart: the bond of union consisting of dense Cellular Membrane.	Old Museum Book, No. 173.	
1433	Enlarged Heart: with old and extensive Adhesion of Pericardium. The bond of union a short Cellular Membrane.	Old Museum Book, No. 156.	
1434	Portion of Pericardium, with recently-formed Layers of False Membrane: organization not commenced.		
1435	Portion of Pericardium, covered with coagulated effusion, in which the plastic form appears to predominate.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1436	Heart of a Child, affected with Pericarditis. The Pericardium appears to be thickened by previous attacks: the recent effusion is in the form of loose opaque coagula, and appears very inorganizable.	Miscellaneous Insp. Book.	T. Callaway, Esq.
1437	Heart, covered by a thick layer of loose inorganizable Coagulable Lymph. The Pericardium greatly thickened. (See dilated Bronchi, No. 1718, from the same subject.) A patient of Dr. Hodgkin's, at the London Dispensary.	2d Green Insp. Book, page 140. Case of a Boy 11 yrs. of age.	Dr. Hodgkin.
1438	Enlarged Heart, covered with inorganizable Coagulable Lymph: 18 ounces of effusion, resembling Pus, were found in the Pericardium. The patient was five years of age: he had been ailing for about three years: his last illness was upwards of three months' duration.	Old Museum Book, No. 4. Case of J. Latimer.	
1439	Heart of a man, who was a patient of Dr. Curry's: it is greatly enlarged, and covered with a thick and extensive layer of coagulable effusion, apparently little susceptible of organization. The Pericardium is much thickened. The effects of Rheumatism.	Old Museum Book, No. 155.	
1440	Enlarged Heart: the Pericardium appears to have been the subject of renewed Pericarditis; the effusion at first being more plastic than subsequently.		
1441	Enlarged Heart, with inflammation of the Pericardium; the effused Lymph possessing a moderate susceptibility of organization, and producing a shaggy coat.	Old Museum Book, No. 149.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1442	Heart, affected with Pericarditis: the effused matter similar to that in the preceding number, but more recent. An attempt at injection, with coloured size, partially and imperfectly successful.		
1443	Recent acute Pericarditis. The layer of Lymph on the Heart is intermediate between the plastic and the inorganizable form of effusion.		T. Hardy, jun. Esq.
1444	Heart, much enlarged, and thickly covered with coagulable effusion from Pericarditis: that nearest to the Heart appears to be almost or altogether insusceptible of organization; whilst the most superficial, or that which lines the cavity, is of a firmer texture, and in the form of minute Scabrous Villi.	Old Museum Book, No. 149.	
1445	Enlarged and thickened Heart. The Pericardium, which contained about three ounces of clear fluid, lined by a false membrane, rendered rough by papilliform projections: the Aorta presenting several patches of soft Artheromatous deposit, raising the internal membrane. Some of the Bronchial Glands much enlarged and tuberculous, though the Lungs were free from such deposit. There was copious recent effusion into the Pleura. The patient died of dropsy, which had been of long standing, and appeared to depend on disease of the Kidneys.	3d Green Insp. Book, p. 75; and Dr. Bright's Book, Part I. Case of W. Roddick.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1446	Scabrous adventitious Membrane, lining the close and reflected Pericardium, with several bridles of adhesion. The patient, about 14 years old, affected with Ascites and large indurated Liver (see No. 1910), and mottling deposit in the Kidneys.	3d Green Insp. Book, page 22. Dr. Bright's Work, Part I. Clinical Reports. Case of W. Hobson.	
1447	Heart, somewhat enlarged; the Pericardium very generally adherent, and having detached Bony bodies apparently formed in the adventitious structure constituting the adhesions, and on the cellular structure about the base of the Heart. From a patient of B. B. Cooper, Esq., affected with Gangrene of the Leg.	2d Green Insp. Book, page 121.	
1448	Heart, with large layer of Osseous deposit beneath the close Pericardium, forming a complete but irregular ring around the base of the Ventricles; the apex continuing free. The patient, Ellen Ryan, was affected with Ascites, and had been tapped 15 times.		
1449	Fungoïd Tubercles between the Pericardium and Pleura; taken from a man who died of Fungoïd disease, affecting various parts of the body, and had been Paralytic from its effects on the Spine.—(See Prep^ns^. 1028, 1042, 1544, 1548, 1782, 1927, and 2012.)	C. A. Key's Record of Inspections. Case of John Fenn.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	DISEASES OF THE ARTERIES.		
	(1.) *Pulmonary Artery.*		
1450	Heart, in which the right Ventricle is dilated: the Pulmonary Artery larger than the Aorta, which is unusually small, especially beyond the arch.		
	(2.) *Aorta, and other Arteries of the greater Circulation.*		
1451	Arch of the Aorta, considerably dilated. The lining membrane appears to have given way at the inner side of the arch, and coagulum is formed at this part.		Mr. Nisby.
1452	Much-dilated ascending Aorta, loaded with earthy matter, and ruptured to a considerable extent, causing instant death. The patient, a man passed the middle age, had been in India, and had been intemperate in the use of spirits.	1st Green Insp. Book, page 161.	Mr. Linton.
1453	Aorta dilated, opposite the Bifurcation of the Trachea; and a similar but smaller dilatation at the passage through the Diaphragm.	Old Museum Book, No. 15. Case of J. Spruhn.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1454	Aorta dilated, loaded with brittle Bony matter, and affected with spurious Aneurism; the sac of which is situated in the upper lobe of the left Lung, into which it burst.	3d Green Insp. Book, page 17. Case of W. Riley.	
1455	Aorta, inflamed, in a case of Hooping Cough.		Dr. Burne.
1456	The ascending Aorta dilated: the internal membrane rough and uneven, with opaque irregular spots behind it.	Old Museum Book, No. 275. and 4th Green Insp. Book, page 766. Case of Eliz. Redman.	
1457	Arch of the Aorta, similarly affected; but the patches larger, and more distinct.		Mr. Wood.
1458	Arch of the Aorta, and the Thoracic portion of the descending Aorta, loaded with large spots of Artheromatous and Ossific deposit: the lining membrane partially ulcerated.		
1459	Portion of the Aorta; the lining membrane rough and separating; with numerous small spots of deposit beneath it.		
1460	Portion of the Thoracic Aorta, with numerous spots of whitish deposit beneath the lining membrane.		
1461	Portion of the Thoracic Aorta, with numerous spots of white deposit beneath the lining membrane: some of the spots are ossified.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1462	Portion of the Aorta, with irregular spots of friable and Bony deposit beneath the lining membrane, which has separated from some of them. This patient had Fungoïd disease of the Stomach.—(See N°. 1812 ; and Renal Capsule, N°. 2022. See also N°. 1420)	Red Insp. Book, page 166. Case of John Daniel.	
1463	Portion of the Abdominal Aorta, loaded with Artheromatous deposit: the lining membrane in some parts destroyed. The Cœliac Artery nearly obliterated. —(See Prepⁿ. 1990.)	4th Green Insp. Book, page 60. Case of John Baldry.	
1464	Artheromatous and Bony deposit between the coats of the descending Aorta, near the origin of the Cœliac Artery, with partial detachment of the internal membrane.		
1465	Thoracic and part of the Abdominal Aorta, with large and thick spots of white deposit, which, in some places, is of a Bony character. They are largest, and the Ossification most advanced, a little above the origin of the Cœliac Artery. There is some small partial destruction of the internal membrane. The patient had Gangrene of the Extremities.	Old Museum Book, No. 110*.	
1466	First portion of the Abdominal Aorta, with the Cœliac and Emulgent Arteries. There are large spots of Artheromatous and Bony matter in the former, and considerable destruction of the internal membrane : both of the latter are ossified.	Green Insp. Book, page Case of	
1467	Ascending Aorta, with small Bony patches just above the Aortic Valves.	Old Museum Book, No. 124.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1468	Thoracic and first part of the Abdominal Aorta, loaded with numerous spots of Bony matter; the lining membrane universally of a diffused deep red.	4th Green Insp. Book, page 80. Case of W. Sutmire.	
1469	Arch of the Aorta, with large and extensive patches of Bony matter. The patient died of mortified extremities, having disease in other Arteries. Dried, and immersed in spirit of turpentine.	Old Museum Book, No. 110**.	
1470	Lower part of the Aorta and Iliac Arteries, extensively ossified.		
1471	Lower part of the Aorta and common Iliacs, with numerous patches of Bony matter.		
1471^A	Lower part of the Aorta and the Iliacs, loaded with patches of Semi-cartilaginous, Artheromatous, and Bony matter: the lining membrane partially destroyed.		
1472	Lower part of the Aorta, and common Iliacs; in which diffused and extensive Ossification has taken place. It appears to depend on the entire conversion of the fibrous coat into bone, rather than on the deposition of bony patches.		T. Callaway, Esq.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1473	Aorta of a patient of Dr. Bright's: it is dilated at its commencement; has much ossified deposit in its coats; and is obliterated in two places, the one above, and the other below the Diaphragm, by cauliflower-shaped masses of bony matter of very rapid formation. The patient had Hæmoptysis; and Œdema of the Legs, with a tendency to Gangrene in the right Leg.	2d Green Insp. Book. page 105. Case of Sam. Long.	
1474	Aorta obliterated just above its Bifurcation, by a firm fibrinous coagulum, which is continued into the Iliacs: the Artery is otherwise diseased, and loaded with Bony deposit. The Coronary Arteries are ossified.	Green Insp. Book, page Case of	
1475	Aorta obliterated by Coagulum, just above its Bifurcation.	Dublin Hospital Reports, No. 130.	Mr. Crampton.
1476	Aorta of a Dog, tied.		
1477	Aorta of a Dog, on which a ligature had been applied two or three days. (Coats divided.)		
1477^A	Spine of a Dog; with the Aorta, on which a ligature had been applied. Several large Anastomoses of the Lumbar Arteries, by which the circulation was maintained.		Sir Astley Cooper.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1478	Aneurism of the Aorta, bursting into the Pericardium.		
1479	Another specimen.		Mr. Bossy, Woolwich.
1480	Another specimen.		
1480A	Base of the Heart and Arch of the Aorta; with its branches affected with Aneurism, which burst into the Pericardium.	5th Green Insp. Book, page 81. Case of a Female in Willis's Factory.	
1481	Heart, with the large Arterial Trunks; shewing Aneurism of the ascending Aorta perforating the Sternum and Ribs: a dry preparation.		
1482	Aneurism of the ascending Aorta and Arch, opening into the Œsophagus. It burst whilst the patient was at the water-closet: he vomited blood, and died in a quarter of an hour.	Old Museum Book, No. 73. Case of R. Entwistle.	
1483	Aneurism of the Aorta; which burst during the operation for Popliteal Aneurism.		
1484	Large Aneurism of the ascending Aorta.		
1485	Aneurism of the Aorta pressing on the Trachea: it produced symptoms of diseased Larynx. C. A. Key was requested to perform Bronchotomy; which he refused to do, suspecting Aneurism.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1486	Dry preparation of Aneurism of the ascending Aorta and Arteria Innominata: the tumor of considerable size, and appearing externally to the right of the Sternum between the Ribs, which are partially absorbed.		
1487	Dry preparation of Aneurism of the Arch of the Aorta, pressing on the Trachea. An opening was made into the Larynx, with a view to relieve the symptoms of suffocation.		S. Wray, Esq. Fleet Street.
1488	Aneurism of the Arch of the Aorta. It produced no tumor externally; but, from the symptoms, the existence of the Aneurism was predicted by Dr. Bright, under whose care the patient was admitted into the Hospital.		
1489	Aneurism of the Arch of the Aorta, displacing the Sternum, and producing absorption of a part of the first Rib, by which it is penetrated. The Man was affected with Empyema, of long standing.	2d Green Insp. Book, page 152. Case of a Dispensary Patient in the Kent Road.	Dr. Whiting.
1489^A	Aneurism of the Aorta, just beyond the Arch, bursting into the Upper Lobe of the Lung: the Aneurismal Sac lined by the inner Membrane of the Artery.	4th Green Insp. Book, page 146. Case of a Woman, æt. 54. From Hertfordshire.	
1490	Aneurism of the lower part of the Arch of the Aorta: from a patient of Dr. Laird's. There are two very minute openings in the diseased Aorta, apparently produced by two Spiculæ of Bony matter in a Bronchial Gland: the blood passed into the posterior Mediastinum and right Pleura: the Artery was sound, except at these openings.	C. A. Key's Insp. Book, page 6. Case 7.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1490[A]	Aneurism of the inferior portion of the Thoracic Aorta: a wet preparation.		
1490[B]	Dry preparation of Aneurism of the descending Thoracic Aorta, producing absorption of the Ribs. From a subject obtained for Lecture.		B. B. Cooper, Esq.
1491	Dry preparation of a large Aneurism of the ascending Aorta, which occasioned considerable absorption of the Ribs and Vertebræ.		
1492	Aneurism of the Aorta, just below the Arch. From a patient of Dr. Curry's: supposed to die with Angina Trachealis.	Old Museum Book, No. 127.	
1493	Aneurism of the Aorta, bursting into the Œsophagus.		
1494	Dry preparation of Aneurism of the descending Aorta, producing absorption of two Ribs, and part of the bodies of three Vertebræ.		
1495	Aneurism of the Abdominal Aorta; shewing the internal coat of the Artery, forming part of the Sac: it burst posteriorly.		
1496	Portion of Aneurismal Coagulum.		
1497	Another specimen.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1498	Portion of Aneurismal Coagulum.		
1499	Another specimen.		
1499^A	Thin Section of a Coagulum, from Popliteal Aneurism. Amputated by C. A. Key, Esq. It shews the difference of structure exhibited by the Layers. (See Prepⁿ. 1519^A.)		
	(3.) *Coronary Artery.*		
1500	Coronary Arteries, ossified; from a subject dissected at St. Thomas's Hospital, by T. Cox.	Old Museum Book, No. 272.	Dr. Cox.
1501	Aneurism of the Arteria Innominata, pressing on the Trachea: it produced Bronchitis, and suffocation.		
1501^A	Aneurism of the Carotid Artery. The Man was operated upon, and died of Hæmorrhage from the upper part of the Artery.	Miscellaneous Insp. Book.	Mr. Wood, Birmingham.
1502	Varicose Aneurism: injected.		Mr. Sampson.
1503	Wound of the Ulnar Artery, from compound dislocation of the Ulna.	Old Museum Book, No. 113.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1504	Ossified Artery, probably the Radial.		
1505	Ossified Femoral Artery; removed by Mr. Travers, from a subject who, for years, had had ulcerated Legs.	Old Museum Book, No. 37. Short History.	
1506	Femoral Artery, plugged up with Coagula. The patient died with mortified extremities.	Old Museum Book, No. 110.	
1507	Ulceration into the Femoral Artery, from Phagedenic Bubo. From a patient of Sir Astley Cooper's.	Old Museum Book, No. 107. Case of A. Jennings.	
1508	Ulcerated Femoral Artery, from a sloughing Bubo.		
1509	Femoral Artery, ruptured in compound fracture.		
1510	Gun-shot wound of the Femoral Artery. A slug struck the man in the thigh: he died with Gangrene of the parts surrounding the wound.	C. A. Key's Record of Inspections. Case of J. Dradge.	
1511	Femoral Artery and Vein, from a stump.		
1512	Artery of a stump.		
1513	Another specimen.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1514	Femoral Artery, on which a ligature had been applied thirty-four days.		
1515	Femoral Artery and Vein: the former tied twenty-four days.		
1516	Posterior Tibial Artery, obliterated: Peroneal Artery enlarged. The patient had malignant disease of the Leg.		
1517	Lacerated Interosseal and punctured anterior Tibial Artery, from compound fracture. Amputated by C. A. Key, Esq.		
1518	Dried preparation, in which the Femoral Artery, and most of its branches down to the extremity of the Tibia, are ossified.		
1518^A^	Femoral, Tibial, and Peroneal Arteries, extensively ossified.		Mr. Deane.
1519	Femoral Aneurism, with the external Iliac Artery tied: the Coagulum was loosened by Rheumatic inflammation, which produced ulceration of the Elbow-joint: secondary Hæmorrhage occurred in the seventh week: a small Aneurism was found at the Bifurcation of the common Iliac. From a patient of J. Morgan, Esq.		
1519^A^	A Knee, amputated by C. A. Key, Esq. for a large Aneurism of the Popliteal Artery. The Sac is nearly filled with firm, dense, and laminated Coagula. (See Prep^{n}. 1499^{A}.)		C. A. Key, Esq.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(4.) *Pulmonary Artery.*		
1520	Laminated Fibrous Coagulum, from the Pulmonary Artery. The Vena Portæ also filled with Coagula. (See Prep^{n}. 1528.)	1st Green Insp. Book page 118. Case of M. A. Richardson.	
	(5.) *Veins.*		
1521	Suppuration of the right Lateral Sinus. The patient had suffered great pain in the Ear, from which there had been a copious discharge.		
1522	Lower portion of the Vena Cava and the Iliac Veins, obstructed with Coagulum: the circulation was carried on by the enlarged Abdominal Veins. Vide 1523. The patient was admitted under Sir Astley Cooper, with Fungoïd Testicle. (See Prep^{n}. 2357.)		
1523	Enlarged Abdominal Veins, from a patient whose Vena Cava and common Iliacs were obstructed. (See Prep^{ns}. 1522, 1527, and 2357.)		
1523^{A}	Lower portion of the right common Iliac Vein and the internal and external Iliacs, obstructed by Coagulum, in which organization appears to have commenced: a small Abscess formed within it, near the Bifurcation. From a Female who died of Phthisis; and whose Leg had been swollen ever since the birth of her last child, which took place several years before her death.	C. A. Key's Record of Inspections. Case of O.J.V.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1524	Obliterated Femoral Vein. The patient had Œdema of the limb.		
1525	Femoral Vein, obstructed by adherent Coagula. From a patient affected with Phlegmasia Dolens.		
1526	Obliterated Varicose Vein, apparently the Saphena Major.		
1527	Veins, slightly Varicose, and obliterated by Coagula: apparently branches of the Femoral. From a patient of Sir Astley Cooper's, affected with Fungoïd Testicle, and whose Vena Cava and Iliacs were likewise filled with Coagula. (See Prep^{ns}. 1522, 1523, & 2357.)		
1528	Vena Portæ, obliterated by firm and adherent Coagula. The patient was affected with Ascites and general Dropsy: she had likewise white mottling degeneration of the Kidney. (See Coagulum from the Pulmonary Artery, No. 1520.)	1st Green Insp. Book, p. 118. Case of M. A. Richardson. See Dr. Bright's Work, Part I.	
1529	Injected specimen of Varicocele: a wet preparation.		
1530	Varicocele, removed by C. A. Key, Esq. in 1826, at the patient's request, in consequence of the great pain that attended it: injected by Sir Astley Cooper.		
1531	Vasa Pampiniformia, slightly Varicose, and filled with yellow wax. The Epididymis and Vas Deferens filled with mercury.		Sir Astley Cooper.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1532	Dried preparation of Varicocele: the Veins filled with yellow wax; the Epididymis and Vas Deferens filled with mercury.		Sir Astley Cooper.
1533	Dried preparation of Varicocele: the Veins filled with yellow wax.		Sir Astley Cooper.
1534	Dried preparation of Varicocele: the Epididymis and Vas Deferens filled with mercury.		Sir Astley Cooper.
1535	Varicocele: injected with wax.		Sir Astley Cooper.
1536	Dry preparation of Varicocele: the Veins filled with yellow wax, and the Spermatic Artery with red.		Sir Astley Cooper.
1537	Varicocele: the Veins injected with quicksilver.		Sir Astley Cooper.
1538	Nævus Maternus of a Foot: it consists of a congeries of dilated Veins, which are filled with wax.		Sir Astley Cooper.
	(6.) *Lymphatics. or Absorbents and their Glands.*		
1539	Scirrhous Tumor, from the lower Jaw: it appears to have originated in an absorbent Gland. Removed by C. A. Key, Esq.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1540	Large Chronic Glandular Tumor. Removed successfully, from below the angle of the Jaw, by Sir Astley Cooper. (See two Casts: the one representing the patient before, and the other after, the operation.)		
1540A	Absorbent Gland, much enlarged by Scrofula: removed, after death, from a little below the Jaw. The patient died of Peritonitis.	6th Green Insp. Book, page 42. Case of T. Greenley.	
1541	Much-enlarged Scrofulous Glands, from the Neck and Axilla of a patient of C. A. Key, Esq., in Snow's Fields. The enlargement appeared to depend on more organizable matter than the ordinary tuberculous deposit.	1st Green Insp. Book, page 87. Case of a private Patient.	
1542	Glandulæ Concatinatæ, enlarged, from Fungoïd disease, and ulcerated: an injected preparation. (See Prepns.1543 and 1556.)	Red Insp. Book, page 196. Case of J. Husband.	
1543	Glandulæ Concatinatæ, enlarged, from Fungoïd disease, and ulcerated. (See Prepns. 1542 and 1556.)	Red Insp. Book, page 196. Case of J. Husband.	
1544	Axillary Glands, from the left side, affected with Fungoïd disease. In some, the Vascular Membrane forming the Cysts is of a nearly-black colour; exhibiting an appearance to Melanosis. (See Prepns. 1028, 1042, 1449, 1548, 1782, 1927, 2012.) From a patient of Dr. Cholmeley's.	C. A. Key's Record of Inspections. Case of John Fenn.	
1545	Absorbent Gland, from the Axilla; affected with Fungoïd disease; accompanied by Melanosis.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1546	Scrofulous enlargement of a Bronchial Gland, appearing to communicate with the Larynx.		
1547	Bony Deposit on the Bronchial Glands. It accompanied Scrofulous disease of the Vertebræ, in a Lad of 17 years of age. (See Prepⁿ. 1290.)	Old Museum Book, No. 73*. Case of J. R. Grist.	
1548	Bronchial Glands, enlarged, from Fungoïd disease; accompanied by an approach to Melanosis, which is more particularly visible in the Membranous Cysts. From a patient of Dr. Cholmeley's. (See Prepⁿˢ. 1028, 1042, 1449, 1544, 1782, 1927, and 2012.)	C. A. Key's Record of Inspections. Case of John Fenn.	
1549	Absorbent Glands, behind the upper part of the Sternum, affected with Fungoïd disease.		
1550	Fungoïd Tumor, apparently an absorbent Gland, near the point of the Ensiform Cartilage.		
1551	Absorbent Glands, in the less Omentum, enlarged by Fungoïd disease. (See Prepⁿ. 1555, 1661, 1937, and 2062.)		Sir Astley Cooper.
1552	Enlarged Mesenteric Glands. The patient was not emaciated.		
1553	Lacteals, dilated and obstructed by thick cheesy matter, and the corresponding Mesenteric Glands enlarged. They appear to accompany ulceration of the Mucous Membrane of the Intestine.	Red Insp. Book, page 225. Case of Thos. Briley. See Dr. Bright's Work, Part I.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1554	Lacteals on the Intestine of a Child, distended with white matter: the Mesenteric Glands greatly enlarged.	Old Museum Book, No. 135.	
1554^A	Mesenteric Gland, converted into an irregular mass of Bony matter. (See Prepns. 1037, 1038, 2052, 2053, and 2093.)	4th Green Insp. Book, page 64. Case of F. Hunter.	
1555	Melanotic Tubercles in the Omentum. (See Prepns. 1551, 1661, 1937, & 2062.)		Sir Astley Cooper.
1555^A	Portion of a large Cyst from the Liver, which contained several large Hydatids (Acephalocysts). The superficial Absorbents of the Liver are seen greatly enlarged and tortuous: they communicate, by large lateral openings, with the interior of the Cyst. (See part of a similar Cyst from the neighbourhood of the Uterus.)	6th Green Insp. Book, page 70. Case of A. Williams.	
1556	Absorbent Glands in the neighbourhood of the Pancreas, affected with Fungoïd Disease. (See Prepn. 1542, and 1543.)	Red Insp. Book, page 196. Case of J. Husband.	
1557	Absorbent Glands about the Aorta, in the Lumbar Region, greatly enlarged by Scrofulous Deposit.		
1558	Lumbar Glands, greatly enlarged, and much indurated; having a Semi-cartilaginous structure, of nearly a white colour. From a patient of J. Morgan, Esq. (See Prepn. 2009.)	1st Green Insp. Book, page 107. Case of J. Sinnott.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1558^A	Lumbar Glands, greatly enlarged, with accompanying disease of the bodies of the Vertebræ.		
1559	Fungoïd Tubercles, apparently dependent on Absorbent Glands about the Femoral Vein, which they have compressed and obliterated.		

OBSERVATIONS ON SECTION IV.

OF PART II.

There are few morbid appearances which are less adapted for illustration by means of Preparations, than those which have their seat in the Brain and Spinal Marrow. The changes which these parts undergo from disease, are often only cognizable by very slight deviations from the natural colour or consistence. Neither of these forms of alteration can be rendered permanent in a Preparation; since the spirit, in which the part is preserved, gives a preternatural hardness to the structure, whilst light and other causes completely modify the colour. Those characters which, after the most favourable attempts, we may, to a certain degree, have succeeded in retaining, become, sooner or later, greatly obscured by the turbid condition of the spirit, resulting from the suspension of some of the fatty matter, of which the Medullary substance is in part composed. It is this difficulty in preserving the morbid appearances presented by the Brain and Spinal Marrow which gives so much importance and value to accurate drawings of Pathological specimens of the Brain. The Editor has much pleasure in announcing, that, in the Second Part of Dr. Bright's Work, which is now nearly ready for publication, will be found faithful representations of many of these morbid appearances: and several will possess an additional and peculiar interest, as the counterparts of some of the now-faded Preparations, contained in this Section of the Museum. It is almost needless here to remind the Student of the well-known and justly esteemed works of Rostan and Lallemand, which contain the best descriptions which we as yet possess of the diseases of the Brain. Dr. Foville, to whose discoveries, respecting the anatomy of this organ, allusions have been made in the First Part of the Catalogue, is now engaged in a Work which will embrace the Pathology as well as the Anatomy and Physiology of the Brain. The following may be pointed out as some of the most interesting Preparations in this Section: 1572^{A}, 1573, 1574, 1575, 1576^{A}, 1576^{B}, 1576^{C}, 1576^{D}, 1589, 1594, 1602, and 1604. Amongst the Preparations of diseased Integuments, may be noticed, as belonging to this Section—although, on account of its size, it has been placed with the Miscellaneous on the Ground Floor—No. 967, a very fine specimen of Elephantiasis affecting the Foot; with which, through the kindness of Sir Astley Cooper, the Collection has been enriched by R. C. Thomas, Esq. of Barbadoes. In this part of the Section may also be observed 1621 and 1622, and several injected Preparations made by Sir Astley Cooper, illustrative of Sphacelus affecting the Skin.

1666, 1667, and 1668, specimens of Fungoïd disease affecting the Nasal Cavities, concur in illustrating the tendency which the disease, when so situated, has to extend to the anterior and lower part of the middle Lobes of the Brain.

1669 is a good specimen of Melanosis of the Eye. The exciting cause of the affection was, in this case, supposed to be the violent effects of retching, during a sea-voyage.

1669^{A}, and 1669^{B}, Ears of Children who had been deaf and dumb, exhibit, nevertheless, no marked deviations from the natural state. The Editor has been equally unsuccessful in his attempts to ascertain the cause of Deafness, in the examination of the Ears of other individuals who had been similarly deficient in the sense of hearing. In one instance, the Membrana Tympani was perforated on one side; and on both it appeared to be placed in a more horizontal position than is quite natural. In another case, the Ossicula Auditûs were restrained by preternatural membranous bands. He has never seen any trace of the caseous matter which has been described as causing Deafness, by filling up the Tympanum. In every instance, the Labyrinth was to all appearance healthy, and contained a limpid colourless fluid.

In the last division of this Section, namely, among the Preparations of the Tongue and Tonsil Glands, are, (1670,) a portion of Tongue, weighing two ounces two drachms and a half, removed in consequence of Chronic enlargement of the organ, several specimens of Cancer of the Tongue, and a Calculus, which was separated, during life, from one of the Tonsil Glands.

SECTION IV.

THE NERVOUS SYSTEM, AND ORGANS OF THE SENSES.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(1.) *Spinal Cord.*		
1560	Abscess in the Medulla Spinalis, in the inferior part of the Dorsal Region. The bodies of the Vertebræ appear to be somewhat affected with Scrofulous Disease.	Old Museum Book, No. 128.	Dr. Marcet, and Sir Astley Cooper.
1561	Portion of the Medulla Spinalis, with its Membranes injured by fracture of the Vertebræ.	Green Insp. Book, page . Case of	
1561^A	Spinal Marrow; of which the lower part of the Cervical, and the upper part of the Dorsal portions, have been crushed by an injury to the Vertebræ. From a patient of B. B. Cooper, Esq.	Green Insp. Book, page . Case of	
1562	Lower portion of Spinal Marrow and Cauda Equina. From a person who died from injury to the Vertebræ.	Green Insp. Book, page . Case of	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(2.) *Brain and Cerebellum.*		
1563	Congenital Hernia Cerebri, with Malformation of the Nose.		
1563^{A}	Integuments from the Head of a Child, two years old, affected with Congenital Hernia Cerebri. A Seton had been passed through the Tumor, the marks of which are visible. (See Cast, and Prep^{n}. 1055^{A}.)		
1564	Hernia Cerebri, from injury: ligature applied. From a patient of J. Morgan, Esq. The Bone was fractured and depressed, producing symptoms of compression, which were immediately relieved by the Trephine. The child did well for about a month, when symptoms of compression returned. An Abscess was found in the Brain, connected with the injury.		
1565	Abscess, or softening, of the right Hemisphere of the Brain, consequent to Apoplexy. The patient died fifteen days after the seizure: he had some degree of Paralysis, was extremely irritable and passionate, and frequently had difficulty of speech.	Old Museum Book, No. 13. Case of John Welsh.	
1566	Loss of Substance in one of the Convolutions of the Brain, probably from softening: no Cerebral symptoms had been noticed.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1567	Apoplectic Clot in the substance of the Cerebrum: quite recent.		
1568	Apoplectic Clot in the left Lateral Ventricle; with laceration of the substance of the Brain: recent.		
1569	Brain, extensively lacerated, from Apoplectic effusion.		Sir Astley Cooper.
1570	Apoplectic Effusion in the substance of the Brain; communicating externally, by laceration.		
1571	Large Apoplectic Coagula in the substance of the Cerebrum.		
1572	Extensive Laceration of the Brain, with a large Coagulum: apparently Apoplectic.		
1572ᴬ	The upper part of the Brain of a Child; exhibiting very considerable Echymosis, in the form of thickly-placed minute points. They occur principally near the surface of the Organ: the longitudinal Sinus, and the Veins leading to it, were filled with Coagula. The Child, about four years of age, had Cerebral symptoms for some time before his death, and had a great disposition to strike his head againt surrounding objects.		Dr. Bright, and Mr. Mountford.
1573	Apoplectic Clot, imbedded in the substance of the Brain. It appears to have been of some standing, and is surrounded by a yellow Cyst.		
1574	Old Apoplectic Clots. The Coagulum has lost its colour, and is surrounded by a yellow Cyst. From Nurse Brunt, of Accident Ward. The Plexus Choroïdes appears somewhat thickened.		Sir Astley Cooper.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1575	Apoplectic Cell, lined by a membrane: of three years standing.		
1575^{A}	A Scrofulous Tubercle, in the right anterior Lobe of the Brain of a Child.		Mr. Ebenezer Smith.
1576	Large Fungoïd Tumor in the substance of the Brain: also a Fungoïd Tumor on the Dura Mater.		
1576^{A}	Softening of a portion of the left anterior Lobe of the Brain; the parts immediately surrounding which, were indurated. From a patient of Dr. Bright's, in the Clinical Ward. (See Prep^{ns}. 1576^{B}, and 1584.)	5th Green Insp. Book, page 78. Case of J. Mamage.	
1576^{B}	Softening of the posterior Lobe of the Brain. From the same patient as the preceding. (See Prep^{ns}. 1756^{A} and 1584.)	5th Green Insp. Book, page 78. Case of J. Mamage.	
1576^{C}	Tumor in the posterior Lobe of the left Hemisphere of the Brain.	Miscellaneous Insp. Book. Case of — Sangster.	
1576^{D}	Fungoïd Tumor, from the substance of the Brain. From a patient admitted with Fungoïd Testis and Hemiplegea. (See Lung and Testis.)	Miscellaneous Insp. Book, page 15. Case of J. Sidney.	
1577	Acephalocyst Hydatids, in the substance of the Brain.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1577^{A}	Portion of Brain, containing an Hydatid.		E. Cock, Esq.
1577^{B}	A Section of the Brain; shewing Echymosed spots on the Corpus Callosum, from concussion. Taken from a young Woman, who had fallen down stairs.	6th Green Insp. Book, page 52. Case of Mary Morris.	
1578	Laceration of the Brain, from Fracture. From a patient of C. A. Key, Esq. in Accident Ward. (See Prep^{ns}. 1086 and 1607.)	Red Insp. Book, page 201. Case of Matt. Leary.	
1579	Laceration of the Brain, from a Lad eleven years of age. He survived the accident, (a crush between two carriages,) about two days, and retained consciousness for the greater part of the time.	1st Green Insp. Book, page 4. Case of Edm. Hart.	
1580	Laceration of the Brain, and Effusion of Blood beneath the Dura Mater, from concussion.		
1581	Fractured Scull, with Abscess in the Brain. Trephined by Mr. Lucas.	Old Museum Book, No. 86.	
1582	Abscess in the Cerebellum, arising from disease in the Tympanum.	Old Museum Book, No. 116.	Dr. Buxton.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1583	Scrofulous Tubercle in the Cerebellum.		
	(3.) *Coverings of the Brain.*		
1584	Pia Mater, deeply injected, covering the upper part of one of the Hemispheres of the Brain. From a patient of Dr. Bright's, in the Clinical Ward. He had, likewise, Tumors in the Brain, with softening. (See Prep^{ns}. 1756^{A} and 1756^{B}.)		
1585	Pia Mater, on which are some small spots of Ossific matter. (See Prep^{ns}. 1874 and 2077.)	Old Museum Book, No. 7. Case of John Bailey.	
1586	The upper part of the Brain, with its Membranes; shewing effusion of blood between the Dura Mater and the Brain, at the junction of the Hemispheres anteriorly. From a man-servant to Mr. Peacock, who was tried at Kingston on suspicion of having murdered him; but his death was attributed to Apoplexy.	Old Museum Book, No. 145.	
1587	Small Tumor, and Cyst, in the Plexus Choroïdes. From a man who was supposed to be murdered by W. Peacock. (See the preceding Preparation.)	Old Museum Book, No. 207.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1588	Cysts in the Plexus Choroïdes; erroneously called Hydatids.	Old Museum Book, No. 208.	Dr. Laird.
1589	Brain, of which the lateral Ventricles are greatly dilated from Hydrocephalus: the Septum Lucidum destroyed. From a patient of Dr. Bright's, 45 years of age. No symptoms of Hydrocephalus had been observed.	Case of — Holme. See Dr. Bright's Account of the Case.	
1590	Lateral Ventricles, much dilated from Hydrocephalus.		
1591	Congenital Hernia of the Dura Mater; forming a pouch.		
1592	Layer of Lymph, or recent false Membrane, between the Dura Mater and Cranium. The Arachnoïd surface appears to have been likewise inflamed.		
1593	Inflamed Dura Mater, from fractured Scull: coagulable Lymph effused between it and the Cranium.		
1594	Dura Mater, with numerous spots of Ossification: from an old Hydrocephalic patient, Joseph Spearing, of the Dissecting Room at St. Thomas's. (See Prep^{n}. 1065.)		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1595	Irregular masses of Bony Deposit, between the layers of the Falx.		Mr. A. Dodd.
1596	Deposit of Bone, forming Spicula in the Falx.	Old Museum Book, No. 142.	
1597	Ossific Deposit between the layers of the Falx.		
1598	Ossific Deposit between the layers of the Falx. From a patient of Dr. Bright's. The man died of Hydrophobia. The Trachea was of a dark purple colour.		
1599	Small spots of Bony Deposit on the Dura Mater.		
1600	Portion of Dura Mater, with patches of Ossific Matter; taken from an Ideot. Given to Dr. Ferguson by Professor Mayer, when at Bern, Jan. 31, 1817.		Dr. Ferguson.
1601	Fungoïd Tumors on the Dura Mater, with the corresponding portion of the Cranium.		
1602	Fungoïd growth from the Dura Mater. From a man who had received, about five years previously, a severe blow on the fore part of the head.	1st Green Insp. Book, page 61.	Dr. Whiting.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1603	Fungoïd Tumor on the inner surface of the Dura Mater: it occasioned a considerable depression in the substance of the Brain, but no remarkable symptoms.		
1604	A very large Fungoïd Tumor, attached to the inner surface of the Dura Mater. From a patient of Dr. Bright's, of about 50 years of age: it weighed between eight and nine ounces.	See Dr. Bright's Account of the Case.	Dr. Bright.
1605	Coagulable Lymph effused under the Dura Mater. From a patient of C. A. Key, Esq., admitted with Laceration of the Scalp. He did well for two weeks: after which he became comatose and had partial Paralysis, and the wound assumed an unhealthy appearance. He was Trephined, and matter was found beneath the bone: he died about the fifteenth day.		
1606	Blood extensively effused between the Dura Mater and Cranium. From a patient of J. Morgan, Esq. who was labouring under symptoms of compression and concussion, occasioned by a fall upon his head: he survived twelve hours, There was a fracture through the base, with laceration of the Middle Artery of the Dura Mater.		
1607	Dura Mater, torn; from fracture of the Cranium, with displacement of the Os Frontis. (See Prep^{ns}. 1086 and 1578.)	Red Insp. Book, page 201. Case of Matt. Leary.	
1608	Blood effused between the Dura Mater and Cranium, with fracture of the bone.	Old Museum Book, No. 82.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1609	Part of the left Hemisphere of the Brain: shewing Abscess, and injection of the Pia Mater, with a portion of the Dura Mater lacerated, and partially covered with coagulable Lymph; and also a portion of the Cranium, in which exfoliation appears to have commenced. From injury.	Miscellaneous Insp. Book. Case by Dr. Alderson.	Dr. Alderson.
1610	Portion of the Scalp, much thickened by puriform effusion; from Erysipelas.		
1611	Ulceration of the Scalp, with perforation of the Cranium.	Old Museum Book, No. 94.	Mr. Le Cocq, Guernsey.
1612	Coagulable Lymph between the Tendon of the Occipito-frontalis and Pericranium. The patient had Epileptic Fits subsequent to the accident which led to the deposit.		
	(4.) *Nerves.*		
1613	One of the Optic Nerves, much smaller than the other, posteriorly to the junction.		
1614	Portion of Nerve, probably of the upper extremity, from a jaundiced person.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1615	A Splinter of Teak-wood, removed from the ball of the Thumb of a man labouring under Tetanus, by C. A. Key, Esq.		
1616	Gun-shot Wound, injuring the Obturator Nerve. The ball passed through the Rectum. (See Prep^{n}. 1892.)	Old Museum Book, No. 130.	
1617	Enlarged Extremities of Nerves, from a Stump, after amputation above the Knee.		
1618	Nerves of a Stump, enlarged at their extremities from the Thigh.		
1619	Enlarged Termination of the Nerves of a Stump.		
1620	Head of the Fibula; with a portion of the Peroneal Nerve, which was lacerated in a case of compound dislocation of that Bone; removed by C. A. Key, Esq. The man died in three weeks, from irritation.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(5.) *Common Integuments.*		
1621	Portion of Skin from the Leg: the Cutis very thick and dense. Its surface is roughened by numerous Papillæ, and the easily-separable Cuticle is much thickened, fissured, and friable; somewhat like the old external bark of a tree. This disease appears to have had some resemblance to Elephantiasis.		Mr. Beaumont, Gravesend.
1622	Portion of Skin affected with Chronic Ulceration, from the Leg; shewing large prominent granulations; new, but diseased Cuticle; and thickened and indurated subjacent Cellular Membrane. The limb was amputated by C. A. Key, Esq. (See Prepns. 1222, 1349, 1350, 1351, 1653.)		
1623	Granulations removed from the Testicle.		
1624	Sections of injected Granulations: dried, and immersed in spirit of turpentine.		
1625	Ulcerated Cutis; injected, dried, and immersed in spirit of turpentine.		
1626	Finger, of which the Skin is affected with Phagedenic ulceration, which appears to have been caused by disease at the root of the Nail.		
1627	Portion of Skin affected with Gangrene: injected, and shewing the boundary between the dead and living parts.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1628	Sphacelated Skin, beginning to separate.		
1629	Portion of Skin, affected with Gangrene: the neighbouring living parts injected: the line of separation very distinct.		
1630	Portion of Sphacelated Skin; dried, and immersed in oil of turpentine: the neighbouring living parts injected.		Sir Astley Cooper.
1631	Portion of Sphacelated Skin; dried, and immersed in spirit of turpentine: the neighbouring living parts injected.		Sir Astley Cooper.
1632	Sphacelated Skin; dried, and immersed in spirit of turpentine: the neighbouring parts injected.		Sir Astley Cooper.
1633	Portion of Sphacelated Cutis, from the Heel; injected, dried, and immersed in spirit of turpentine.		Sir Astley Cooper.
1634	Portion of Skin, affected with Small Pox: injected.		Sir Astley Cooper.
1635	Portion of Skin, affected with Small Pox, and ulcerated.		
1636	Warty Carcinoma of the Skin, on the Dorsum of the Hand: injected. (See a Cast.)		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1636A	Portion of Skin from the upper and back part of the Thigh, affected with malignant Warty Ulcerations, extending to the subjacent muscles: removed by J. Morgan, Esq. The disease is since returned.		
1637	Warty Carcinomatous Ulcer near the Heel: injected. Amputated by C. A. Key, Esq.		
1637A	Malignant Ulceration of the Skin, about the first joint of the great Toe.		
1638	Portion of Skin, affected with Warty Ulceration, probably of Carcinomatous character.		
1639	Fungoïd Tumor growing from the Cutis: the disease also affected the Inguinal Glands.		
1640	Portion of the Skin, affected with Fungoïd disease.—The counterpart of the preceding.		
1641	Warty Carcinomatous Ulceration of the Skin of the Leg, which has extended to the Bone, and nearly or quite divided the Tibia: amputated by C. A. Key, Esq. The patient died, out of the Hospital, with malignant disease of the Heart and Kidneys. (See Prep^ns. 1248A, 1339, and 2055.)		
1642	Incysted Tumors, formed by the enlargement of Sebaceous Follicles.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1643	Incysted Tumor, formed by the enlargement of a Sebaceous Follicle; (from the Chin, or some other part covered by the beard.)		
1644	Incysted Tumor, removed from the Cheek by Sir Astley Cooper.	Old Museum Book, No. 47. Case of John Coggan.	
1645	Incysted Follicular Tumor, from the Breast: removed by C. A. Key, Esq.		
1646	Cyst of a Follicular Tumor.		
1647	Two Follicular Incysted Tumors, of considerable size.		
1648	Follicular Incysted Tumor.		
1649	Another specimen.		
1649A	Sebaceous Cyst, partially ossified: removed by C. A. Key, Esq.		
1650	Hairy Nævus Maternus.		
1651	Follicular Tumor in the Orbit; containing Hair and Sebaceous matter: the Hair short, coarse, and nearly colourless.		
1652	A lock of Hair, matted together, from Plica Polonica.		

No.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1652A	An Excrescence of a horny character, about four inches in length, and extremely contorted: removed from the Head of a Female, about 40 years of age, by Mr. Nunn of Royston. There were several large vessels about it; and considerable Hæmorrhage attended the operation.		W. Nunn, Esq. Royston.
1652B	Morbid growth of Nails.		
1652C	Adipose or Steatomatous Tumor; removed by Sir Astley Cooper.	Old Museum Book, No. 179.	
1652D	Large Adipose or Steatomatous Tumor, in which Gangrene had commenced; removed by Sir Astley Cooper.		Sir Astley Cooper.
1652E	Steatomatous Tumor; removed from the Groin, by Sir Astley Cooper.		
1652F	Steatomatous Tumor.		
1652G	Abscess in the Subcutaneous Cellular Membrane, from the Axilla: injected by Sir Astley Cooper.		
1652H	Portion of an Abscess in the Subcutaneous Cellular Membrane, from the Axilla: injected by Sir Astley Cooper.		
1653	Portion of Cellular Membrane, condensed and indurated from Chronic Ulcer of the Leg. (See Prepns. 1222, 1349, 1350, 1351, and 1622.)		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1654	Echymosis in the Subcutaneous Cellular Membrane, from compound fracture.		
1654A	A Cyst, probably Subcutaneous.		
1655	Encysted Tumor; containing chalky matter in the Subcutaneous Cellular Membrane.		
1655A	A bunch of small Cysts, of nearly the same character.		
1656	Encysted Tumor in the Subcutaneous Cellular Membrane, probably of malignant character.		
1657	Tumor in the Subcutaneous Cellular Membrane; removed from above the outer Condyle of the Knee of a Woman in Charity's Ward, by B. B. Cooper, Esq. It appears to be Fungoïd, but in an early stage.		
1657A	A Subcutaneous Fungoïd Tumor.		
1658	Small Tumor in the Subcutaneous Cellular Membrane, apparently of Fungoïd character.		
1659	Portion of Fungoïd Tumor in the Subcutaneous Cellular Membrane, which has occasioned absorption and ulceration of the integuments.		
1660	Fungoïd Tumors in the Subcutaneous Cellular Membrane in the Loins: they have made their way through the Integuments. Removed, by operation, by T. Hardy, jun. Esq.; from a young Woman aged 19 years. After more than two years, the disease has not returned.		T. Hardy, jun. Esq.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1660^A	Subcutaneous Fungoïd Tumor; removed from the Back.	Old Museum Book, No. 44 & 103.	
1661	Melanoïd Tubercles in the Subcutaneous Cellular Membrane. (See Prep^{ns}. 1551, 1555, 1937, and 2062.)		Sir Astley Cooper.
	(6.) *Nose.*		
1662	Polypi of the Nose: one attached to the Os Unguis; the other to the Turbinated Bone.		
1663	Polypus from the Nose.		
1664	Polypus, extracted from the Nose.	Old Museum Book, No. 219.	
1665	Polypus from the Nose.		
1666	Fungoïd Tumor, which appeared to have commenced in the Maxillary Antrum, and extended to the Middle Lobe of the Brain: some of the Bones of the face destroyed.	1st Green Insp. Book, page 14. Case of M. Simpson.	
1667	Fungoïd Tumors in the Nasal Cavities, but particularly in the Sphenoïdal Cells: they have made their way to the Fossa for lodging the left middle Lobe of the Brain.	4th Green Insp. Book, page 128. Case of M. Grossmith.	
1668	Nasal Cavities, on the right side, affected with Fungoïd Disease, which had extended towards the anterior part of the Middle Lobe of the Brain. There are also Fungoïd Tumors on the Eyelid, near the inner Canthus.	4th Green Insp. Book, page 127. Case of Eliz. Hearn.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(7.) *Eyes.*		
1669	Eye, affected with Melanosis; for which it was extirpated by C. A. Key, Esq. The patient died with Fungoïd Liver, two years afterwards.	Miscellaneous Insp. Book, page 10. Case of John Ditmas.	
	(8.) *Ears.*		
1669^{A}	Internal Ears of a Lad, deaf and dumb.	1st Green Insp. Book, page 145.	
1669^{B}	Internal Ears of a Child, deaf and dumb.		Dr. B. Babington.
	(9.) *Tongue and Tonsil Glands.*		
1670	Portion of Elongated Tongue, weighing 2 ounces $2\frac{1}{2}$ drachms (Troy); removed, by a ligature, from a patient of Sir Astley Cooper's, 53 years of age.—The enlargement followed Ptyalism for Syphilis: it was indolent, and little sensible; and had been of upwards of six months' duration.	Old Museum Book, No. 58. Case of T. Lawrence, a Seaman.	
1671	Greatly-enlarged Papillæ Maximæ.—The same preparation exhibits chronic inflammation, with thickening of the Mucous Membrane of the Fauces and Larynx.		
1672	Mortification of the Tongue, Gums, and Cheek, from Mercury; which appears to have been given for Hydrothorax.	Old Museum Book, No. 56. Case of J. Horncroft.	Dr. Cholmeley.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1673	Tongue, affected with Cancer; by which the greater part of the organ is destroyed: from a patient in Lazarus's Ward. — The case was of several months' standing.		
1674	Root of the Tongue, affected with Carcinomatous Ulceration.		
1674^A^	Extensive Ulceration and Sloughing (probably Carcinomatous) at the base of the Tongue and left Tonsil; communicating with an external opening, and with the Os Hyoïdes, which is diseased.		
1674^B^	Tongue, almost destroyed by Carcinomatous Ulceration; which extends to the Fauces and Epiglottis. From a patient of C. A. Key, Esq.	5th Green Insp. Book, page 156. Case of John Godden.	
1675	Tonsil Glands, ulcerated from Scarletina.		Dr. Burne.
1676	Tonsil, affected with Sloughing Ulceration.		
1677	Preparation, shewing extensive Sloughing of the Tonsils, Velum, and Fauces, from Scarletina.		T. Hardy, jun. Esq
1677^A^	Calculus, consisting of Phosphate of Lime, spit up from the Tonsil Gland. Analysed by Dr. B. Babington.		Mr. Hawkins.

OBSERVATIONS ON SECTION V.

OF PART II.

MANY of the Pathological alterations which take place in the organs to which this Section is devoted, although of frequent occurrence, are ill adapted to preservation as Preparations. The Student, who will in vain look for specimens of them in the Collection, must be invited to seek an intimate acquaintance with them in their recent state, by the frequent practice of attentively witnessing the inspection of the dead, in conjunction with the careful perusal of the works of Laennec, Rostan, Andral, Forbes, Louis, and Hastings; by whom many of these affections have been ably described.

Most of the Subdivisions employed in the arrangement of this part of the Collection are sufficiently apparent, to render it needless here to point them out. The greater number of the specimens are interesting; and in nearly so equal a degree, as to render it almost unnecessary to allude to any of them individually.

Amongst the examples of disease of the Larynx will be seen several instances of that affection of the part which is so apt to become the precursor of Phthisis: also several specimens, taken from Children and Adults, exhibiting the plastic form of the product of inflammation affecting the Mucous Membrane of this part, constituting the most fatal form of Croup. There are, likewise, three specimens of minute cauliflower-shaped Excrescences attached to the Mucous Membrane of the Cordæ Vocales. This affection, in respect of structure, appears to bear the closest resemblance to those fungoïd growths which sometimes, though rarely, take their origin from the Mucous Membrane of the Urinary Bladder.—See the Observations to Section VII. of Part II.

Although the Collection does not possess any very characteristic specimens of that remarkable endemic affection of the Thyroïd Gland, known by the name of Goître or Bronchocele, a few remarks respecting it may not be altogether misplaced. As we know little or nothing of the office which the Thyroïd Gland, in its healthy state, is destined to perform, we have more difficulty, than in the case of most other organs, in ascertaining what are the causes which operate in producing its derangement. In this difficulty, we are naturally led to seek some peculiarity common to all the situations which, observation has taught us, possess a more or less powerful influence in exciting and promoting the derangement in question. When we consider the very great variety in the numerous situations in which this influence is found to exist, we shall be convinced that it is no easy task to ascertain what is the common point in which they all agree, and through which they produce the effect in question.

The following extract is taken from some rough Notes on St. Michel, which were made in the autumn of 1823, when the Author was crossing Mount Cenis:—

" In no place did Goître seem more frequent. I saw no marked case of Cretinism; but I think I noticed a few idiotic persons who exhibited some traces of it. Though Goître and Cretinism occur in the same district, and may not unfrequently be found in the same individual, I cannot for a moment admit the idea, that they are connected with each other, or likely to be the effects of the operation of one and the same cause. Goître, though by no means confined to either sex, appears to be, decidedly, more frequent in the female. In some parts of England in which this affection is endemic, though much less remarkably so than amongst the Alps, the only cases which I can call to mind were, either females, or boys not arrived at the age of puberty. It would seem, therefore, that some peculiarity of texture existing in the male sex in the mature and vigorous period of life is peculiarly capable of resisting the, as yet unknown, cause of Goître. It would be worth while to ascertain, whether, in those cases in which men are the subjects of this affection, the disease had not made some progress before the age of puberty, whether it did not remain stationary during the prime of life, and again increase with its decline? In old men, the Goître is certainly most remarkable; but this circumstance is of little weight in itself, as it would be the necessary result of the most uniform progress which the disease could make. Snow-water has been, by some, imagined to be the cause of Goître; but this is highly improbable. What has snow-water, which other water has not? Is it not, on the contrary, remarkably pure? Is snow-water a more frequent beverage in those situations in which Goître abounds, than in others in which it rarely if ever occurs? Certainly not. Even in the very district in which its frequency has called forth these observations, the mountains are not constantly covered with snow; and, in all probability, the inhabitants, for a full third of the year, are supplied with water wholly derived from another source. Why should some parts of Sussex, of Derbyshire, and of Yorkshire, supply enough snow-water to swell the Thyroïd Gland, while other parts of England appear unable to do so? Why should man and beast* be so affected in some of the hottest parts of South America, where the snow-water from the Andes, if even tasted, must be much diluted? What people are less likely to be injured by snow-water than the Ashantees; yet amongst them Goître is frequent?

"I confess that I am inclined to accuse the water; but surely not because it once existed in the solid form. The salts of lime appear a much more likely cause. Of the water in those parts of South America and the Alps in which Bronchocele occurs, I know nothing; but I have seen Goître in an evidently calcareous district in Normandy. Chalk abounds in Sussex; and limestone in Derbyshire and Yorkshire. Goître has, at various times, appeared amongst the children at a large school in the last-mentioned county, and disappeared in the intervals; and those changes have coincided with circumstances affecting the water used as drink by the children. Sometimes it was rain-water, when Goître ceased: sometimes from one spring; sometimes from another. But the country about St. Michel is schistose. Granting that the veins of carbonate of lime are insufficient for the effect, it is certain that there is much limestone in the neighbourhood; and a few miles above the town, the river flows through a considerable extent of country composed of a remarkably soft gypsum, on which the rain and torrents act almost as on sugar, rendering it white and porous, as snow.

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* The Author saw no beast so affected, amongst the Alps.

" Cretinism, which is by most considered as closely allied to Rickets, is, in all probability, to be chiefly attributed to various hardships; as bad food and clothing; wet and unsettled weather, so common in mountain districts; and, probably, hereditary predisposition may not be wanting. It is not easy to say what influence the constant rarity of the atmosphere may have. Such imbecility of mind and body as exist in Cretins, often greatly retards, or altogether sets aside, those changes which the system undergoes at the period of puberty: and if there is any validity in the suggestions above thrown out, Cretinism may passively, though not actively, favour the prevalence of Goître."

In addition to the preceding extract from his Notes, the Author cannot omit to state his confirmed persuasion of the want of connection, further than that which he has mentioned, between Goître and Cretinism. He is the more induced to lay stress upon this point, since the opposite idea, which is still entertained by some, is calculated to excite unfavourable and groundless prejudices against those who may happen to be affected with this enlargement of the Thyroïd Gland. The idea thrown out with regard to the cause of Bronchocele is merely a suggestion offered to induce further inquiry. The following list of some of the places in which Bronchocele is more or less prevalent is likewise given with the hope that it may excite to the contribution of new facts respecting those districts in which the affection is known to exist, as well as lead to the collection of a more complete catalogue of the situations in which it prevails, by the help of which some new light may be thrown on the subject.

EUROPE.

In Great Britain, there is no other district in which Goître is so manifestly endemic, as in some parts of Derbyshire. It likewise prevails in Monmouthshire, and part of South Wales. In other parts of the island we may observe slight but unequivocal indications of a tendency to the production of this affection; but we may seek for it in vain in those situations in which, if snow and mountains were the cause, it ought to be particularly prevalent. Thus, in speaking of Goîtres, Dr. Watson remarks, "Nor did I ever see one of them in Westmoreland, where we have higher mountains and more snow than in Derbyshire, in which county they are very common."—See his *Chemical Essays*, Vol. II. p. 158.

In France, Goître is endemic in Auvergne: (see *Voyage de Legrand*, Vol. III. p. 301.) Also in the neighbourhood of Pau, at the foot of the Pyrenees: (see Dr. Clarke's valuable Work *On the Influence of Climate*, p. 71.) It is also met with, occasionally, in Normandy, and elsewhere in the North of France.

To its extreme prevalence, both as to the number and severity of the cases, amongst the Alps, we have the testimony of almost every traveller who has visited that district, in addition to that of many Native Authors. It is scarcely necessary to cite an authority to prove so notorious a fact: yet it may not be amiss to state, that the incomparable De Saussure has left some observations respecting it, in his *Voyage dans les Alpes*, Vol. IV. p. 291.

Dr. Posţiglione says, that there are many Goîtres in and about Naples: and Captain Smith has described the affection as of frequent occurrence in some districts in Sicily. See *Sicily, and its Islands, by Captain Smith*, p. 10.

Russia.—We have the authority of Pallas for the endemic existence of Goître at Motmos, a village to the south of Moscow, near Mourom, the capital city of the circle of the same name, in the Government of Volodimer, on the left bank of the Volga:—"C'est le seul endroit ou j'ai vu des Goîtres depuis mon départ de Petersbourg; quoique le village soit petit, ils sont en grand nombre. Les enfants et les adolescents sont très affligés de cette infirmité. Ces Goîtres sont, à ce qu'on m'a assuré, assez communs dans les villages voisins. Les eaux dont on fait usage dans les cantons ou les Goîtres sont communs, sont de la même qualité que celles des ruisseaux de cette contrée, elles sont un peu ferrugineuses, et chargées de molécules marneuses. Ce sont généralement les seules eaux dont les habitants de ce village se servent."—*Pallas Voyage en Russie, Trad. Franç.* Vol. I. p. 55.

Walckenaër mentions, that some of the inhabitants of Caucasus are particularly subject to Goître.

Goître is endemic in Wallachia; as will be seen by the following quotation:—"Les habitants d'Argis, petite ville à cinque lieus de Bucharest, surtout, sont si sujets à cette terrible maladie qu'ils ne paraissent pas faire partie du genre humain. Ceux qui en sont attaqués ne deviennent pas plus grand que de quatre pieds environ; ils ont une tête enorme et bouffie qui paroit réunie à la poitrine, et un gros volume protubérant de chair autour du col; de là vient qu'ils sont aphoniques.—Les habitants de la Valachie ne sont pas les seuls sujets à cette affreuse maladie: on en trouve aussi dans les montagnes de la Styrie."—*Voyage en Moldavie et en Valachie.* Paris, 1822.

To the testimony of the writer of the preceding extract, may be added that of Dr. Walsh.

ASIA.

"The same kind of swelling in the Throat that is common among the inhabitants of the Alps prevails in Nepal, and, indeed, is frequently seen everywhere north from Patna.

It might, at first sight, be supposed that this disease does not derive its origin from the people drinking the water which comes down from the mountains covered with perpetual snow; the cause to which, in Europe, it has been usually attributed. No water of this kind, however, flows through Nepal; for although some of the inhabitants of the northern parts of Baher, who live near the Ganduki and Kansiki, drink the waters springing from perpetual snow, yet by far the greater part of them drink the waters of the various branches of the Vagmati, all of which arise in Sub-Alpine regions. It must however be observed, that the springs by which these rivers are fed may be supplied by the melted snow which may sink into the earth of the Himalayà Mountains, and not come to light till it reaches the lower hills."—*Hamilton's Account of the Kingdom of Nepal*, p. 72. 1819.

Speaking of the Singgiya Bikh, a much-celebrated plant, supposed to be a species of Smilax, he says: "To pass over several of its qualities that are marvellous, the root, which resembles a Yam, is said to be a violent poison. The berries, also, are said to be deleterious; but, when applied externally, are considered as a cure for the swelling of the Throat which resembles the Goître of the Swiss, and is very common among the mountaineers."—*Ibid.* p. 87.

Fraser observes, that, in the neighbourhood of Seran, not far from Rampoor, "the most remarkable complaint was that glandular swelling of the Throat, the Goître, which was extremely prevalent. It might be too much to say that every second person we saw was thus diseased; but the sufferers were certainly very numerous. No new or plausible cause was assigned, in the course of our inquiries, for this singular ailment. The attributing it to snow-water does not seem at all sufficient; as many are afflicted who are scarcely placed within the reach of such an agent. The natives say that it is hereditary; and I believe there can be little doubt of the fact; for the disease may be traced in infants of very tender age, as we had more than one reason to observe. We understood that it was sometimes cured, when early means were taken; and these are said to consist in extirpation of the part by the knife. We saw some persons who had the scars in the Throat resulting from this mode of cure; which had, in these instances, been completely successful.

"We several times saw people with swellings of very great size, which rendered them most uncouth and shocking objects; and where this occurred in women, it was doubly disgusting."—*Fraser's Journal of a Tour through the Himālā Mountains,* p. 349.

Goître occurs at Kotigurgh, or Kotighur, a petty chiefship and British military out-post in North Hindoostan. —*Bulletin Universel de Ferussac, Avril* 1825.

This affection is very general in some parts of Sumatra; as will appear from the following extract from C. Miller's account of that island, given in the Philosophical Transactions:—"The inhabitants have, almost all of them, particularly the women, large swellings in the Throat, some nearly as big as a man's head, but in general as big as an ostrich's egg, like the Goîtres in the Alps. It is, by them, said to be owing to their drinking a cold white water. I fancy it must be some mineral water they mean. Near their country is a volcano: it is very mountainous, and abounds with sulphur; and I dare say with metals too, though no mines are worked here. If this distemper be produced here by this cause, perhaps in the Alpine countries it may take its origin from a similar one, and not, as has been imagined, from snow-water. Certain it is, there is no snow here to occasion it."—*Phil. Trans.* 1778.

"The natives of the Hills, through the whole extent of the island, are subject to those monstrous Wens from the Throat which have been observed of the Vallaisans and the inhabitants of other mountainous districts in Europe. It has been usual to attribute this affection to the badness, thawed state, mineral quality, or other peculiarity of the waters; many skilful men having applied themselves to the investigation of the subject. My experience enables me to pronounce, without hesitation, that the disorder, for such it is, though it appears here to mark a distinct race of people (Ourang-gùnong), is immediately connected with the hilliness of the country: and, of course, if the circumstances of the water they use contribute thereto, it must be only so far as the nature of the water is affected by the inequality or height of the land. But in Sumatra, neither snow nor other congelation is ever produced; which militates against the most plausible conjecture that has been adopted concerning the Alpine Goître. From every research that I have been enabled to make, I think I have reason to conclude that the complaint is owing, among the Sumatrans, to the fogginess of the air in the valleys between the high mountains; where, and not on the summits, the natives of these parts reside. I before remarked, that, between the ranges of hills, the Kabut, or dense mist, was visible for several hours, every morning; rising, in a thick, opaque, and well-defined body, with the sun, and seldom quite dispersed till afternoon. This phænomenon, as well as that of the Wens, being peculiar to the region of the hills, affords a presumption that they may be connected; exclusive of the natural probability, that a cold vapour, gross to an uncommon degree, and continually enveloping the habitations, should affect with tumors the Throats of the inhabitants. I cannot pretend to say how far this solution may apply to the case of the Goître; but I recollect it to have been mentioned, that the only method of curing the people is, by removing them, from the valleys, to the clear and pure air on the tops of the hills; which seems to indicate a similar source of the distemper to what I have pointed out.

"The Sumatrans do not appear to attempt any remedy for it; the Wens being consistent with the highest health, in other respects."—*Marsden's History of Sumatra*, p. 48.

" Les habitants de certaines vallées de Sumatra sont sujets aux Goîtres."—*Monde Maritime de Walckenaër*, p. 67.

The following quotations prove that the affection prevails likewise in Java :—

" Here, as in Sumatra, there are certain mountainous districts, in which the people are subject to those large Wens in the Throat, termed, in Europe, Goître. The cause is generally ascribed by the natives to the quality of the water; but there seems good ground for concluding that it is rather to be traced to the atmosphere. In proof of this, it may be mentioned, that there is a village near the foot of the Teng'gar Mountains, in the eastern part of the island, where every family is affected by this malady; while in another village, situated at a greater elevation, and through which the stream descends which serves for the use of both, there exists no such deformity. These Wens are considered hereditary in some families, and seem thus independent of situation. A branch of the family of the present Adepàti of Bànding is subject to them; and it is remarkable, that they prevail chiefly among the women in that family. They neither produce positive suffering, nor occasion early death; and may be considered rather as deformities than diseases. It is never attempted to remove them."—*Raffles' History of Java*, Vol. I. p. 60.

" Les Javanais n'ont aucune difformité, si ce n'est les Goîtres qui sont communs dans les montagnes ainsi qu'à Sumatra. Les Javanais attribuent cette infirmité à la qualité de l'eau, mais elle semble plutot due à celle de l'air; car il existe un village auprès des montagnes de Teng'gar, où tous les habitans ont des Goîtres, tandis que ceux d'un autre village plus élevé qui boivent de l'eau du même ruisseau, en sont entièrement exempts."—*Monde Maritime de Walckenaër*, p. 219.

These last extracts, of which the one appears to be almost a translation of the other, are particularly interesting. Whilst they afford strong evidence against the supposition that snow-water is the cause of the disease, they by no means lead to the conclusion which the Author has drawn, that the cause to be discovered exists in the air rather than in the water. Nothing can be more probable, than that the water, in its descent from the mountains, may acquire now properties from the soil over which it passes. The analysis of the water in different parts of the stream, in this and in other situations similarly circumstanced, seems, therefore, to merit particular attention.

AFRICA.

Mungo Park says, that Goîtres are very common in some parts of Bambarra, and that the inhabitants attribute the complaint to the waters.—*Park's First Voyage,* edit. 4to. p. 276.

The late accomplished and enterprising traveller, T. E. Bowdich, has noticed the occurrence of Bronchocele amongst the Ashantees. — See his *History of the Mission to Ashantee,* p. 380.

Mollien likewise confirms the existence of this affection amongst the Negroes.—See *Voyage au Sénégal, par Mollien,* Vol. II. p. 86.

AMERICA—PENNSYLVANIA.

" In the Western Country, particularly in the neighbourhood of Pittsburgh, Goîtres are common."—*Morse's American Geography,* p. 428.

Professor Barton states, that the complaint is common amongst the Oneida Indians, and amongst the inhabitants on the banks of the Mohawk River. It is said to be frequent in Canada. Many of the inhabitants of the Isthmus of Darien are very much disfigured by the disease.— Alibert, in his *Nosologie Naturel,* mentions, on no less authority than that of Humboldt and Bompland, that Bronchocele is endemic in New Grenada; and most remarkably so in the towns of Hunda and Monpa, on the banks of the Magdalen River. See the *Nosographie Naturel* of *Alibert;* and a more recent Memoir on this subject, in the *Journal de Physologie de Magendie,* April 1824, entitled, " Observations sur quelques Phénomènes peu connus qu' offre le Goître sous les Tropiques dans les Plaines et sur les Plateaux des Andes, par A. de Humboldt."—In the same Memoir we are informed of the prevalence of the affection in Brazil. The Author says: " Dans la région montagneuse du Bresil, observe M. Auguste St. Hilaire, les Goîtres sont très communs dans les villages voisins de Villa-Rica, sur un plateau de 630° d' élévation, assez tempéré pour que le Café n'y vienne pas. Cependant nulle part on ne voit autant de Goîtreux qu'aux environs de St. Paul, et surtout dans les petites villes de Jundiahy et de Jacarahy, dont le climat est assez chaud. *Les pappudos de Jundiahy* ont passé en proverbe dans une grande partie du Bresil. Cette maladie n'épargne aucune des trois races."

The fact is corroborated by the following Extracts from *Caldcleugh's Journal,* commenced at Rio Janeiro, Aug. 1, 1821; and continued on the route to Villa Rica.

" As, after all, perhaps, we must search for the cause of that singular excrescence, the Goître, or Wen, in the state of the air, or vicissitudes of climate, it may not be irrelevant to mention, that I met by far the greater number of persons affected with this complaint near Sabarra."

" On the excursion made from Villa Rica to Sabarra, it will be seen that violent thunder-storms were experienced almost daily."

" Sabarra is at no great distance from Villa Rica. The elevation of the latter place is stated to be 3969 feet."—See *Daniel's Meteorological Essays,* p. 345. *

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* For most of the citations contained in the preceding list, and also for some of the facts mentioned in the Observations on the 8th, 9th, and 11th Sections, the Author is indebted to his excellent and accomplished friend, A. R. Dusgate, who, although not of the Medical Profession, has added an extensive and minute acquaintance with its literature to a rich fund of knowledge in almost every other department of art and science.

Since the preceding article was sent to the press, the Author has been favoured with the following communication, from a Gentleman who has enjoyed very favourable opportunities for examining this subject. His observations tend strongly to confirm the view taken by the Author, as to the cause of Goître. It is probable that the deleterious principle contained in the water is dissolved, rather than suspended; although its turbidity proves that there is much earthy matter in the latter state.

" Dear Sir——So far as my own observation has extended, I have found the Goître most prevalent at Aôste in Piedmont, at the foot of Mont St. Bernard; and in the Valley of the Rhone, above the Lake of Geneva; in both of which instances the water is at all times turbid. At St. Remi, a village about half way betwixt Aôste and the top of Mont St.

It will be seen, that all the examples of Emphysema of the Lung belong to that form which depends on the dilatation of the Cellular structure, in which the ultimate ramifications of the Bronchial Tubes terminate: it may therefore not be amiss to remind the Student of another form of Emphysema of the Lung, namely, the Interlobular; in which the air becomes extravasated beneath the Pleura, and is diffused through the Cellular Membrane by which the Lobules are united. This form of Emphysema can scarcely be overlooked or mistaken; since it renders the Septa between the Lobules remarkably broad and distinct. Besides being the seat of this form of Emphysema, which is occasionally met with when death has been preceded by violent struggles or convulsions, the Cellular structure between the Lobules is, at times, affected with inflammation, which occasions the formation of true pus; a circumstance which, though often talked of, is very rarely the result of inflammation of the substance of the Lungs.

In the arrangement of the Preparations relating to Pneumonia, no attempt has been made to separate the affection of the Membrane lining the extremities of the Bronchial ramifications from that of a supposed structure intervening between them, and regarded as the Parenchyme of the Lungs, and the seat of true Pneumonia, in contra-distinction

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St. Bernard; at the Bains de Leuch (both of which are situated at a considerable elevation above the plain); at Kandersteig, Lauterbrun, Lausanne, De Thoum, &c., (at all which places the water was clear and transparent,) no Goître was observed; and I am persuaded, from inquiry, it must, at all events, have been of comparatively rare occurrence. To this statement I may add, generally, that wherever I found the water uniformly turbid, the Goître prevailed; and that, on the other hand, where the inhabitants had access to pure water, and where I had an opportunity of making the inquiry, they were not subject to this deformity. The Goître frequently occurs where there are no Cretins: but I am disposed to believe, that the converse of this will not be found to be by any means equally true; and that, wherever the latter are met with, the Goître will also be prevalent.

"I am, Sir, very respectfully yours,

"*July* 15, 1829. "THOMAS COLBECK."

to Bronchitis. On this subject the Author perfectly agrees with his friend Dr. Addison, as to the seat of the disease to which the term Pneumonia is applied.

The proper structure of the Lung is undoubtedly more or less thickened; but the major part of the deposit, which occasions the increased weight and solidity of the inflamed portion of Lung, is unquestionably effused into those cavities into which the inspired air is received, that is to say, into the Air-cells themselves. Both Rostan and Andral, and even Laennec, appear inclined to favour this opinion; but they have refrained from decidedly adopting it, notwithstanding many of the cases which they have related might be adduced in support of it. The Author, likewise, differs from the generally-received opinion respecting the red and grey Hepatization, or the red and grey hardening and softening, to use the expressions of Andral; and instead of considering them as indicative of different stages in which the effects of Pneumonia fall under observation, he rather regards these varieties as dependent on essential and original differences in the mode of inflammation by which the structure has been attacked: hence he makes the plastic or the inorganizable character of the product of inflammation one of the principal grounds of distinction. The further developement of this view would lead to details which the Author reserves for another time and place.

The preceding remarks respecting the seat of the effusion in Pneumonia will also apply to that which takes place in Pulmonary Apoplexy, and Œdema of the Lung.

1749^{A}, a specimen of Fungoïd Tubercles in the Lung, is remarkable from the Ossification of the Cysts in which the adventitious structure is enclosed. 1766 is a specimen of Osseous Deposit beneath the Pleura, of very unusual extent and thickness: in one part, it may be said to constitute a complete "knob" of Bone; a form, in which, Dr. Baillie remarks, that he had never met with Ossification of the Pleura.

SECTION V.

VOCAL AND RESPIRATORY ORGANS.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(1.) *Lips, and Parts about the Mouth.*		
1678	Cyst in the Lip; formed by the dilatation of a Labial Gland.		
1679	Cancer of the Lip; removed by operation.		
1680	Malignant Warty Tumor; removed from the Lip, by C. A. Key, Esq.—The patient, a middle-aged man, attributed the origin of the Tumor to holding rough packing string between his lips, when tying sacks: it was of four months' standing, and had begun to ulcerate.		
1680A	Scirrhous Tumor, from the Lip; removed, after death, by C. A. Key, Esq. See Ossified Tunica Vaginalis, N°.		
1681	Cancer of the Lip; removed by C. A. Key, Esq.		
1682	Portion of Lip affected with Cancer: the structure remarkably fibrous.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1683	Right half of Lower Jaw, affected with Fungus Hæmatoïdes: it commenced as a small Tumor in the Gum, which, on being opened, bled profusely, and was considered to depend on Aneurism.	See the Note which accompanied the Preparation.	Walter Dendy, Esq. Stamford St. Borough.
	(2.) *Larynx, and Thyroïd Gland.*		
1684	Thyroïd Cartilage, ossified; and subsequently necrosed, with Ulceration of the Pharynx.		
1685	Diseased Thyroïd Cartilage, leading to an Abscess and Sinus in the neighbouring soft parts: the patient had Tubercular Phthisis.	C. A. Key's Record of Inspections. Case of Thomas Bell.	
1686	Cricoïd Cartilage, ulcerated, with Ulceration between it and the Thyroïd, opening externally: also a circular Ulcer on the Epiglottis.		Sir Astley Cooper.
1687	Larynx, with Abscess and Ulceration near the inferior and posterior part of the Thyroïd Cartilage: on disease in which the Abscess appears to have depended.		Mr. J. G. Appleton.
1688	Diseased Cricoïd Cartilages; causing death, by closure of the Rima Glottidis, and thickening of the lining membrane of the Larynx: on the other side, an Ulcer in the anterior part of the Pharynx, with an opening communicating with the Cartilage. From a Female, aged 35.		T. Hardy, Esq.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1689	Cricoïd Cartilage, with considerable Deposit, accompanied by exfoliation and ulceration. From a patient (aged 29) of Dr. Babington's, labouring under Phthisis: he had almost total loss of voice.	Old Museum Book, No. 70. Case of C. Bolton.	
1690	Epiglottis, destroyed by ulceration.		
1691	Malignant Tumor, from Epiglottis. It appears to have been Fungoïd; and was twice removed by Sir Astley Cooper; but was rapidly re-produced, and frequently bled.	Old Museum Book, No. 46. Case of Mrs. Sibley.	
1692	Larynx and upper part of the Trachea of an Infant. The Mucous Membrane has been affected with acute inflammation, producing a considerable effusion of Coagulable Lymph. (Croup.)		
1693	Larynx and upper part of the Trachea of an Infant. The Adventitious Membrane more complete and extensive than the preceding. This case proved fatal, in 36 hours from the commencement of the attack.		T. Hardy, Esq.
1694	Larynx and upper part of the Trachea, with the Tongue and Fauces. The Larynx and Trachea, lined by a nearly-detached recent false Membrane.	Old Museum Book, No. 171.	Mr. Davy's Collection. B. Harrison, Esq.
1695	Larynx of an Adult, with effusion of adhesive matter.		
1696	Larynx of an Adult, with Lymph effused on the Mucous Membrane, from Croup.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1697	Chordæ Vocales, and Mucous Membrane on the upper part of the Larynx, much thickened, and its surface rough and uneven. It is stated that there was a small Ulcer communicating with the Muscles, but this is not seen in the preparation.		
1698	Larynx, of which the Mucous Membrane is ulcerated at the angle formed by the meeting of the Chordæ Vocales. From a Young Woman, a patient of Dr. Cholmeley's, in the Clinical Ward, admitted with Small Pox; but who died of Pleuritis, of some weeks' standing, accompanied by symptoms of Phthisis. (See Prep^n. 1767.)	4th Green Insp. Book, page 76. Case of H. Smith.	
1699	Trachea, with thickening about the Rima Glottidis.		
1700	Larynx, with extensive ulceration near and below the base of the Arytenoïd Cartilages.		
1701	Larynx, with extensive ulceration between the Thyroïd and Cricoïd Cartilages.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1702	Larynx of a Child, with minute Cauliflower Vegetation on the Chordæ Vocales, and a thin Layer of Coagulable Lymph covering the Mucous Membrane generally, from Chronic Croup. The Child was about 4 years of age, and had lost its voice for five months.		
1703	Larynx, with a large Cauliflower-shaped Vegetation on the edge of the left Sacculus Laryngis.		Dr. Addison.
1704	Larynx, with Cauliflower-shaped Vegetations; some of which are very minute about the Sacculi Laryngis. From a middle-aged Female, who died suddenly.		Mr. Hawkins.
1705	Larynx, with effusion beneath the Mucous Membrane at its upper part; producing Œdema Glottidis and Epiglottidis.		
1706	Larynx, affected with Œdema.		
1707	Larynx, but principally the Glottis, affected with Œdema.		
1708	Larynx; shewing Œdema Glottidis, from Syphilis: Epiglottis destroyed by prior disease.		
1709	Larynx; shewing Œdema Glottidis, from Syphilis. The patient died in Lazarus' Ward. He was admitted with slight ulceration of the Throat and Fauces; was otherwise well: exposed himself to cold, was seized with Dyspnœa, and died in three days.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1710	Larynx, plugged up by a piece of meat.		
1711	Larynx, cut transversely through the Thyroïd Cartilage, from a Suicide.		
1711A	Enlarged Thyroïd Gland, pressing the Trachea.		
1711B	Thyroïd Gland; probably incipient Bronchocele.		
1711C	Portion of an enlarged Thyroïd Gland, removed after death; containing Cysts filled with Coagula. The patient died from irritation of the Stomach.		
1711D	Cyst in the Thyroïd Gland.		
1711E	Ossified Cyst, from the Thyroïd Gland.		D. Compton, Esq.
	(3.) *Trachea.*		
1712	Larynx and Trachea of an Adult: the Mucous Membrane of the Trachea covered with Coagulable Lymph.		
1713	Adventitious Membrane, in the form of a cylinder, and bearing the impression of the mucous follicles, expectorated from the Trachea.—The patient died.	Old Museum Book, No. 61. Case of T. Smith, æt. 30.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1714	Trachea, ulcerated posteriorly, and opening into the Œsophagus. Taken from a patient admitted into Martha's Ward for supposed stricture of the Œsophagus.		
1715	Larynx, Trachea, and Œsophagus, with a communication between the Trachea and Œsophagus; which appeared to have been caused by ulceration of the former.		Mr. Rix.
1716	Trachea, opened by operation: the incision vertical through the four first rings.		
	(4.) *Bronchi.*		
1717	Portion of Lung; exhibiting a very general and considerable dilatation of the Bronchial Tubes. From a Dispensary patient of Dr. Hodgkin's. (See Prepⁿ. 1437.)	2d Green Insp. Book, page 140.	Dr. Hodgkin.
1718	Mucous Membrane lining the Bronchi, inflamed.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(5.) *Lungs.*		
1719	Portion of Lung, affected with Emphysema, from dilatation of the Air-Cells.		
1720	Another specimen.		
1721	Lung, extensively affected with dilatation of the Air-Cells and inter-lobular Emphysema; removed by A. Dodd, Esq. from a Child affected with Hydrocephalus. N.B. The injection thrown into the Lung appears to be extravasated, and to extend to the cavities, which were previously distended with air, and appear to contain some tuberculous matter.		T. A. S. Dodd, Esq.
1722	Partial Emphysema of the Lung.	Old Museum Book, No. 148.	
1723	Partial Emphysema of the Lung. One large vesicle on the surface distended with air.		
1724	Portion of Lung, with a large thin Cyst immediately under the Pleura; stated, with a query, to be either a Cyst of an Abscess or Hydatid, but more probably the effect of partial Emphysema.		
1725	Portion of Lung, affected with Pulmonic Apoplexy.	Insp. Book, page . Case of	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1726	Portion of Lung, affected with acute Pneumonia: the substance of the Lung consolidated, but the deposit not of the most plastic character.		
1727	Portion of Lung, affected with acute Pneumonia. From a patient of Dr. Bright's. It consists of a part of two Lobes; in one of which the cells are completely filled with a white effusion of the least plastic kind.		
1728	Portions of Lung; from a patient who died of Acute Pneumonia, in the Clinical Ward. They were taken from the upper lobe, which was much distended, of a mottled colour, but generally light, and smooth externally. The upper portion is a small slice which has been washed, by which the deposit is removed, and the spongy texture restored.	1st Green Insp. Book, page 174. Case of C. Cooper.	
1729	Large portion of Lung, affected with the same form of Pneumonia as seen in the preceding preparation: it is solid and distended, and its surface smooth, with a thin layer of recent false membrane on the Pleura.	Old Museum Book, No. 147.	
1730	Lung, affected with Gangrene. From a patient of Dr. Bright's.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1731	Section of Gangrenous Lung; from the same subject as the preceding.		
1732	Portion of lower Lobe of Lung, having a sphacelated spot, which was in contact with the Diaphragm. (See Prep^{n}. of Tape Worm, N^{o}.)	1st Green Insp. Book, page 140. Case of J. Richards.	
1733	Miliary Tubercles in the Lung; from a Child of three months old: they were supposed to have been congenital. Both parents were phthisical.	Old Museum Book, No. 274. Case of M. Dickenson.	Dr. Burne.
1734	Portion of Lung; exhibiting numerous minute Tubercles, with Terbuculous Infiltration. The affected side of the Chest afforded a dull sound on percussion: the patient had a livid countenance, and a very remarkable disposition to sleep.	Clinical Book, 1824.	
1735	Lung, loaded with Miliary Tubercles.	Old Museum Book, No. 81.	
1736	Portion of injected Tuberculous Lung.		
1737	Portion of injected Tuberculous Lung; from the same subject as the preceding.		
1738	Portion of Lung, loaded with Tuberculous matter; some tubercles producing Vomicæ. Some adventitious Cellular Membrane on the Pleural surface.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1739	Portion of Lung, with a Tuberculous Cavity very near the surface. Taken, by Mr. Travers, from a subject in the Dissecting Room at St. Thomas's Hospital.	Old Museum Book, No. 31.	
1740	Upper Lobe of a Lung, almost entirely excavated by the softening and expectoration of Tuberculous matter, forming a large Vomica, traversed by long ragged bridles; through some of which, bristles have been passed, from the Bronchial Tubes and Pulmonary Artery.		
1741	Upper part of the Lung; with a large Tuberculous Cavity, from expectoration of Tubercles.	Old Museum Book, No. 38. Case of Rich. Blake.	
1742	Heart, and upper Lobe of the right Lung, in which there is a cavity of about the size of a walnut, lined by membrane: the result of long previously-expectorated tuberculous matter. From a patient in the Clinical Ward.	5th Insp. Book, page 46. Case of Sarah Veal.	
1743	Depression and puckering of the upper Lobe of the Lung, from obliteration of a Tuberculous Cavity: some cretaceous matter in the spot in which it had existed.		
1744	Earthy concretion in the Lung.		
1745	Earthy concretion from the Lung.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1746	Particles of earthy matter, expectorated.		
1747	Calculus, expectorated.	Old Museum Book, No. 146.	
1748	Large defined Tubercles in the Lung: they appear to be Scirrhous or Fungoïd, rather than Scrofulous.		
1749	Fungoïd Tubercles in the Lung.		W. Holt, Esq. Tottenham.
1749^{A}	Portion of Lung, containing Fungoïd Tubercles; in some of the cysts of which, ossification had taken place. From a patient of C. A. Key, Esq., whose Thigh had been amputated for Osteosarcoma. (See Prep^{ns}. 1163 & 1400.)	Miscellaneous Insp. Book. Case of Ann Goodwin.	Mr. Hilton.
1750	Heart and Lungs of a Child, who died of Empyema: one Lung contained large Encephaloïd Tumors, which shewed themselves externally. The remains of the Ductus Arteriosus are very considerable.		
1751	Heart and upper part of the right Lung of a Man of about 60 years of age: the Lung at this part was firmly adherent, and indurated by a firm white deposit, chiefly between the Lobuli, though the substance of the Lung was more or less pervaded with it. A thick layer of the same character forms the bond of union between the two surfaces of the Pleura. This deposit is probably of fungoïd character. There were Fungoïd Tumors, in the first stage, above the Clavicle, and in the Neck. The case, on admission, resembled Aneurism. A small body above the Lung is from the Neck.	3d Green Insp. Book, page 41. Case of F. Williams.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1752	Melanotic portion of Lung, extensively affected with Tubercles and Infiltration.		
1753	Lung, containing numerous Hydatids, of the species Cystecercus. From a patient of Dr. Cholmeley's.		
1754	Lung, containing Hydatids, apparently of the species Acephalocystis.		
1755	Lung, containing Hydatids, which appear to be of the species Acephalocystis : the substance of the Lung in the neighbourhood is Hepatized.		
	(6.) *Pleuræ.*		
1756	Portion of the Diaphragm ; shewing the vessels of the Pleura covering it, filled with blood, probably from inflammation.		
1757	Portion of a Lung, affected with Pneumonia, and having a layer of Lymph recently effused on the Pleura Pulmonalis, with a polished surface next to the Pleura Costalis.		
1758	Portion of Lung, compressed by Pleuritic effusion, and covered by a recent false Membrane.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1759	Portion of the Diaphragm, with a recent false membrane on the Pleura covering it.		
1760	Portion of Pleura, covered by a thin layer of Lymph.		
1761	The greater part of one Lung, with a thin layer of recently-effused Lymph between the Pluræ : the upper lobe of the Lung distended by the same form of inflammation as seen in Preparations 1727, 1728, and 1729.		
1762	Adhesions between the two Pleuræ : injected.		
1762^{A}	Portion of Lung, with part of the Parietes of the Thorax ; shewing long filamentous adhesions between the Pleura Pulmonalis and Pleura Costalis. (See Prep^{ns}. 1429^{A} and 1855^{A}.)	6th Green Insp. Book, page 60. Case of J. Wetherlick.	
1763	Portion of Lungs, Pleura, and Ribs : the two surfaces of the Pleura generally adherent, but partially separated by a defined cavity which contained puriform fluid (spurious Empyema.)—The effusion into the cavity appears to have been of the least organizable kind.	Old Museum Book, No. 152.	
1764	Right Lung, covered with Lymph, and compressed by Pleuritic Effusion : the Lung appears to have been previously partially adherent. The recent Coagulable lymph very feebly organizable.	Old Museum Book, No. 60*.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1765	Lungs, of which the left has been compressed by a Puriform Pleuritic Effusion, constituting Empyema; the coagulable part of the effusion of the least organizable kind. From a patient of C. A. Key, Esq.	Insp. Book, page Case of	
1766	Pleura Pulmonalis, covered with effused Lymph, in the form of loose flocculent Villi.		
1767	Left Lung, compressed by Pleuritic Effusion, and thickly sprinkled with Miliary Tubercles. From a patient of Dr. Cholmeley's, in Clinical Ward. She was admitted with Small Pox. The false membrane in this case is firm and dense. (See Prep^{n}. 1698.)	4th Green Insp. Book, page 76. Case of H. Smith.	
1768	A partial, but large and pretty-thick layer or plate of adventitious Cartilage, formed between the Pleura Pulmonalis and Costalis. From a Female, aged 61, who died of acute Bronchitis.		T. Hardy, Esq.
1769	Portion of Lung, thickly sprinkled with Miliary Tubercles, and covered posteriorly by Pleura, prodigiously thickened by adventitious deposit of Semi-Cartilaginous structure, between the layers of which there is some friable matter.	3d Green Insp. Book, page 85. Case of J. Hawkes.	
1770	Fragment of thick loose unorganized adventitious Membrane, from the Pleura, with a fragment of Lung attached to it.	2d Green Insp. Book, page 152. Case of a Dispensary Patient, in the Kent Road.	Dr. Whiting.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1771	Portion of Lung and Pleura; the latter covered with a false Membrane of no great thickness, but of firm and dense structure, and scabrous surface: the Pericardium, to which this portion of Pleura is attached, appears quite healthy. The Bronchial Glands greatly enlarged. (See Prep^{ns}. 1044, 2456, and Cast.)	4th Green Insp. Book, page 120. Case of John Welsh.	
1772	Lungs and Pleuræ: from a patient of G. Babington, Esq. Both Lungs contain Tubercles: they are covered by false Membrane; and compressed by Pleuritic effusion, of which there were fourteen pints, apparently of a serous character. The false membrane is scabrous; and appears to have been pretty firm. There are some adhesions, in the form of bridles; and in the right side, a partial but closer adhesion of the two surfaces of the Pleura.	Old Museum Book, No. 60. See Mr. Babington's Letter.	G. Babington, Esq.
1773	Spurious Empyema, from injury: the patient survived nine years: the adventitious Membrane thick, and partly ossified. (See Prep^{n}. 1774.)	Old Museum Book, No. 41. Case of J. Roberts.	
1774	Portion of the Ossified Sac: dried, and immersed in spirit of turpentine.—(See Prep^{n}. 1773.)	Old Museum Book, No. 42.	
1775	Patch of Ossific matter behind the Pleura.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1776	Two Ribs, probably fifth and sixth, of the left side; with a large and thick osseous plate and knob formed behind the Pleura Costalis.	4th Green Insp. Book, page 7. Case of Jas. Taylor.	
1777	Large patch of Ossific Matter, from behind the Pleura Costalis.		Mr. De Jersey Clifton.
1778	Tubercles, regarded as Scrofulous, beneath the Pleura Costalis.	Old Museum Book, No. 170.	Mr. Davy's Collection. B. Harrison, Esq.
1779	Fungoïd Tubercles on the Pleura, arranged along the Intercostal Vessels. (See Prep^{n}. 2470.)	Red Insp. Book, page 153. Case of M. Dogherty.	
1780	Tubercles, probably Fungoïd, on the Pleura Costalis. (See Prep^{n}. 2317, and the Cast of the Liver.)	3d Green Insp. Book, page 15. Case of S. Gregory.	
1781	Fungoïd Tubercles on the Pleura. They present a slight tendency to the Melanotic character.		
1782	Lung, on or beneath the Pleura, of which there are numerous Fungoïd Tubercles: similar Tubercles were found in different parts of the body. The man was Paralytic, from its effects on the Spine. (See Prep^{ns}. 1028, 1042, 1449, 1544, 1548, 1927, 2012.)	C. A. Key's Record of Inspections. Case of John Fenn.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1782A	Portion of the Pleura, affected with Fungoïd disease; from a patient of W. Holt, Esq. He had also large Fungoïd Tumors in the Lungs.		W. Holt, Esq. Tottenham.
1783	Pleura, thickened by Adventitious Deposit, regarded as Fungoïd; containing Tubercles: the intervening structure deeply tinged with blood. The case was Chronic, and accompanied with great emaciation.	Old Museum Book, No. 36. Case of Ann Murphy.	
1784	Partial, but firm, adhesion of the Pleura Pulmonalis and Costalis; with much adventitious condensed Cellular Membrane. The result of a fracture of a Rib.		

OBSERVATIONS ON SECTION VI.

OF PART II.

THE order adopted in this Section will be sufficiently evident, from an inspection of the Catalogue, not to require much addition to what has already been stated in the Introduction. With respect to some of the organs belonging to this Section, and more especially the different parts of the Alimentary Canal, it is to be regretted that many of the interesting morbid appearances which they present are so evanescent, that none of the modes of preparation, with which we are yet acquainted, is adequate to effect their preservation. Of this description are various forms of increased vascularity, and numerous morbid alterations in the secernent function of the parts. As instances of the last-mentioned cases, may be mentioned the more or less complete suppression of the Mucous secretion. This state, in the small Intestines, seems to be more particularly prone to affect the edges of the Valvulæ Conniventes, and the patches of aggregate Glands. The fæcal matter becomes adherent in these places; and it would appear, that the ulceration or death of the Mucous Membrane, so affected, is occasionally the result. It is by no means improbable, that this suppression of secretion, in a less complete or more transient form, may be the precursor of the increased vascularity, and other indications of a state of inflammation, which the parts alluded to very frequently present. In the large Intestines, the suppression of secretion is sometimes seen to produce the perfect dryness of various portions of the lining Membrane, of a greater or less extent, and occurring at different intervals in the course of the Intestine. In the parts of the Intestine thus affected, the fæcal matter is generally slightly adherent, and assumes the remarkable form of small, compressed, and often polished grains. In both large and small Intestines, this suppression of secretion is mostly accompapanied by the presence of gas. There is another form of morbid appearance met with in the Intestines, dependent on the derangement of the secernent function, and equally ill adapted with the preceding cases to become the subject of preparation. The secretion loses its Mucous character; but the Mucous Membrane, without any appreciable alteration in texture, is found bathed by a very copious watery effusion. This state of the Alimentary Canal the Author has principally observed in Cachectic subjects affected with ulcerations; having the peculiar character of being very clean, without shewing any disposition to heal.

Amongst the most remarkable specimens in the first part of this Section, or that which relates to the Alimentary Canal, may be mentioned 1792, a specimen of malignant disease of the Œsophagus, which produced death by pulmonary hæmorrhage. 1794, a very remarkably contracted and thickened Stomach. 1800, the Stomach of J. Cuming, who survived several years after he had swallowed a considerable number of knives; most of which he retained till the time of his death. 1802, an example of Hour-glass contraction of the Stomach, with extensive destruction of the Mucous Membrane. 1807, and several of the succeeding Preparations, exhibiting malignant disease of the Stomach. 1832, &c. exhibiting Perforations of the Intestine; which, in most of the instances, appear to have proceeded from within, outwards. 1846, several convolutions of small Intestine, inextricably united by Peritoneal adhesions, and shewing a very extensive separation of the Mucous from the Muscular coat. The ready separation of the Mucous from the Muscular coat is by no means an unfrequent effect of Chronic Peritonitis; and takes place where abundant serous effusion, rather than adhesion, has been the consequence; as well as in cases similar to that which furnished the Peparation just spoken of. 1847, and the six Preparations which immediately follow it, are specimens of Intussusception of the small Intestines. Though this affection is, in many instances, undoubtedly the cause of death, and leads to symptoms of great severity, yet it seems highly probable that Intussusception, at times, takes place in the act of death. It is in this way that the Author would account for its existence in several subjects who had died of Diabetes.

In proceeding to the consideration of the Second Division of this Section, which comprises the Abdominal Viscera accessory to the Alimentary Canal, it appears necessary to offer a few general remarks respecting the first and most important of these—the Liver. There is, perhaps, no viscus, with regard to the morbid appearances of which a greater degree of vagueness of expression has been employed, than with reference to those of the Liver. We find it spoken of as scirrhous, infarcted, tuberculated, &c. &c., without any precise definition being given to the terms so employed. At other times, more or less apt comparisons are employed, which, it must be confessed, have the advantage of enabling the already-experienced Morbid Anatomist to form a tolerably correct idea of the mode of derangement to which allusion is made. Thus, we find the diseased structure of the Liver sometimes compared to nutmeg; at others, to a portion of udder, or to a mixed mass of blood and saw-dust, and the like. Descriptions such as these leave us wholly uninformed with respect to the precise nature and seat of the disorganization which may have taken place. The defect here complained of is more easily detected than remedied. The structure of the Liver, in its healthy state, is by no means conspicuous; and although, under disease, it sometimes becomes more evident, it is at other times rendered much more obscure. The plan which the Author has endeavoured to adopt, in describing the derangements of this organ, has been, that of pointing out the part of the compound structure which may happen to be the seat of derangement. The results of this attempt bear a close resemblance to what had already been done for the same subject by Andral; with which, at the time, the Author had not the advantage of being acquainted.

Considering the mass of Liver to be made up, according to the generally-received opinion, of a multitude of small glandular bodies, to which the term Acini has been applied, the first distinction, and that which most naturally suggests itself, consists in separating the affections or derangements of these bodies from those of the intervening substance, which appears to be a modification of Cellular Membrane, by which, in man, as well as in very many other animals, the Acini are united. This distinction corresponds with the division into red and white substance, as employed by Andral. The Author, however, prefers adhering to the terms 'Acini' and 'intervening structure,' which he originally employed, rather than adopt those of the justly celebrated Pathologist to whom he has alluded, since the expressions, 'white' and 'red substance,' are not always strictly applicable. The Peritoneal covering, the Cellular structure immediately subjacent to it, and the Ducts and Vessels, constitute so many different tissues, whose derangements it is desirable, though not always easy, to distinguish. The Acini themselves do not present one uniform structure; but, guided by analogy, we may detect in them a cortical and central part, which, not unfrequently, become differently affected by disease. Thus, the former is liable to be blanched or pale, and is probably the seat of a morbid deposit; whilst the latter, so long as the secretion of bile continues, affords the traces of that function, and retains a deeper colour: nevertheless, in some instances, the morbid deposit appears simultaneously to affect both structures. It is on the increased size of the Acini that most cases of the absolute enlargement of the mass of the Liver chiefly depend; and, unless complicated with disease of the other structures, the natural figure and smooth surface of the organ is preserved. The Acini are the seat of that remarkable derangement by which the greater part of the Liver becomes converted into fat. This affection appears to be much more frequent in some situations than in others: it is common in France; but in England it has been but seldom noticed. The following account of it will, therefore, not be unacceptable to the Student.

Livers in which this degeneration has taken place are more or less enlarged: they are not all of the same colour, but are generally of a brightish-yellow or brown. In most instances, they contain very little blood, although mottled by its irregular presence in the intervening Cellular structure, which is by no means necessarily in a diseased state in conjunction with this affection of the Acini. In advanced cases, fat Livers feel soft and unctuous; they soil the blade of the scalpel employed in cutting or piercing them; they yield an oily fluid on the application of heat, and are reduced in their specific gravity below that of water. Bayle appears to have been the first who pointed out this degeneration, in connection with Phthisis; and Louis, who has since investigated the subject with a good deal of attention, remarks, that this state of the Liver is almost confined to patients labouring under Pulmonary Consumption, and thinks that it may be regarded as dependent upon it. In his examination, it occurred in the proportion of one-third of his phthisical patients; but he only met with it twice in 223 subjects who had no tubercles in the Lungs. He found it more frequently in females than in males, in the proportion of 4 to 1. He does not consider that any age is more particularly liable to it than another, except as being more disposed to Phthisis. He does not believe, with Broussais and his Son, that it has any connection with disease of the Duodenum; which, in the greater number of cases, he found healthy.

The causes of this degeneration Louis confesses to be extremely obscure; and he does not attempt any explanation of them. He says, that, though often chronic, it sometimes appears to take place with great rapidity; and he has met with it in a case of Phthisis which ran through all its stages in fifty days.

Both Laennec and Andral confirm its frequent occurrence in conjunction with Phthisis; but do not admit that it is at all peculiar to that disease, or that it depends on disease of the Duodenum. The former says, that it has been found in conjunction with other chronic diseases, and that in some instances it is the only discoverable organic derangement. A precisely similar statement is given as Bichat's, in the published Notes of his last Course of Lectures. He describes it as a common occurrence, more particularly affecting children; but does not pretend to decide whether it be an essential or merely a sympathetic affection. The fat in the Liver appeared to him to be in an inverse ratio to that in the rest of the body.

Meckel observes, that the structures developed in the Liver are rarely the repetitions of structures naturally existing in the body; but that the conversion into fat is the appearance of this kind which is the oftenest met with. He refers it to a sedentary and inactive mode of life. Although, in the inspection of some few phthisical patients, the Author has met with indications of a tendency to this degeneration of the Liver, the small number of well-marked cases of fat Liver which he has found in this country occurred in persons who had not laboured under any important affection of the chest; but, they had all lingered under a state of diseased constitution, to which the term Cachexia might be well applied, and which was marked by extremely feeble powers of reparation. In two of the instances, Gangrene took place. Cruveilhier gives the following analysis of a fat Liver, as the result of an examination made by Vauquelin:

Concrete yellow oil	45
Parenchyme	19
Moisture	36
	100

Although the structure intervening between the Acini frequently appears to be increased in bulk by disease, the mass of the organ is, in general, sensibly diminished, rather than augmented. This effect, in all probability, results from the wasting of the Acini, under the pressure occasioned by the contraction of the new matter, added to the intervening substance. Another effect resulting from this contraction, and at the same time strongly characteristic of derangement of the tissue of which we are now speaking, is the puckered and mammillated irregularity of the surface of the Liver; although it must be remarked, this is not the sole cause by which the surface of the organ is liable to be rendered uneven. The contraction of plastic matter deposited upon, or immediately beneath, the Peritoneal covering of the Liver not unfrequently gives rise to puckering and irregularity. This state will seldom be confounded with that which is occasioned by the first-mentioned cause; yet they frequently concur in the same specimen, and are, in fact, closely allied to each other.

Amongst the Preparations of the Liver, the following may be pointed out as worthy of particular notice. 1897 and 1898, in which the convex surface of the Liver has received the impression of irregularities in the diaphragm; in the one case, resulting from Pleuritis; but in the other, more probably congenital, depending either on inequality in the thickness of the diaphragm, or on its mode of origin. 1899, an Abscess in the Liver, communicating with the Lung. 1916, to 1937 inclusive, consisting of Fungoïd and Melanotic Tubercles in the Liver. In order in some degree to conform to the views of Dr. Farre, the arrangement of these specimens has been made, in part, to depend on the apparent diffusion or circumscription of the adventitious deposit. At the same time, the Author must observe, that he does not consider this distinction as dependent on essential differences in the affection which gives rise to them; but he merely regards them as varieties of the mode in which the diseases in question exhibit themselves in the substance of the Liver, and conceives that they may be all referred to that common type which he has endeavoured to explain in his Paper on certain Adventitious Structures. 1952, the Liver of a very young Child, to which there was no Gall-bladder. 1954, and 1955, are specimens of the Gall-bladder, very remarkably dilated. 1959 shews an angular fragment of a Gall-stone, which, having perforated the Mucous Membrane, had become lodged between the coats of the Gall-bladder. 1964 exhibits the Gall-bladder affected with Fungoïd disease, by which it was much thickened: it resembled a Cancerous Stomach in miniature.

Amongst the Biliary Calculi, the following are the most remarkable :—1978, an extremely large Calculus, consisting of Cholosterine: it filled the Gall-bladder, of which it retains the form. 1987, two very large Calculi, which appear to have unitedly filled the Gall-bladder: they were passed, *per anum*, by a Lady, who has since enjoyed good health. 1987^{A}, two Biliary Calculi, which made their escape through the Umbilicus.

Although the Absorbent Glands in the neighbourhood of the Pancreas not unfrequently become the subject of enlargement, the structure of this gland is very little liable to disease. This remark may be considered as in some degree confirmed by the smallness of the number of morbid Preparations relating to this organ, which are as yet to be found in this Collection. The four mentioned in the Catalogue are all interesting; but the last is, perhaps, the most remarkable.

Amongst the specimens of diseased Spleen, 1994 and 1996 are worthy of notice, from the great degree of enlargement which the organ had undergone. The Preparations from 2000 to 2004 inclusive, although of but little pathological importance, possess some interest, as specimens of a morbid appearance occasionally met with in the Spleen, but which, so far as the Author knows, has not been hitherto described or noticed: it consists of a partial and circumscribed degeneration of the structure, which becomes preternaturally firm and dense, and of a light colour. The part thus affected may easily be mistaken for a Tubercle, until close inspection has detected in it traces of the original structure of the organ. It is bounded by a defined line; and on the surface there is a slight depression, where it is united to the healthy structure. In all the instances which the Author has yet observed, the portion of Spleen thus degenerated has been situated in a transverse direction. He has observed it principally, if not exclusively, in males; and he is inclined to consider it as the effect of external injury.

SECTION VI.

THE ORGANS OF DIGESTION.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(1.) *Salivary Glands and Calculi.*		
1784A	Calculus, from the Submaxillary Gland; removed by Mr. Swift, of Walworth.		Mr. Swift, Walworth.
1784B	Calculus, from the Submaxillary Gland.		T. Callaway, Esq.
	(2.) *Gums and Teeth.* See Part I. N°. 589, &c.		
	(3.) *Pharynx, and Œsophagus.*		
1785	Sloughing Cancer of the Pharynx.		
1785A	Malignant Ulceration of the Pharynx and the upper part of the Œsophagus.		Mr. Thompson.
1786	Œsophagus and Stomach of a Child, poisoned by sulphuric acid. The part of the stomach most affected, is that portion of the larger Curvature which is immediately opposite to the termination of the Œsophagus.		T. Hardy, Esq.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1787	Œsophagus and Stomach of a person poisoned by sulphuric acid: there are numerous shreds on the Mucous Membrane, from coagulable effusion; and probably, in part, from separation of the Cuticular Lining.		F. Tyrrell, Esq.
1788	Œsophagus and Stomach, from a person poisoned by sulphuric acid: the appearances produced by the acid much less considerable than in the preceding cases.		
1789	Œsophagus, with a short but strongly-marked stricture about one inch and a half from its commencement. The Mucous Membrane appears healthy; but there is a considerable dense white deposit between it and the contracted Muscular Coat.		
1790	Œsophagus, with Stricture; situated a little lower down than in the preceding case, and accompanied by Ulceration of the Mucous Membrane. From a patient in the Hospital; who died purely from inanition; and had no symptom of disease in any other organ.—Malignant?		
1791	Œsophagus, affected with extensive malignant Ulceration; by which a communication has been formed between it and the bifurcation of the Air-tube.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1792	Œsophagus, affected with extensive malignant Ulceration, and communicating with the right Lung, which is extensively sphacelated. From an old Man; a patient of J. Morgan, Esq.	2d Green Insp. Book, page 44. Case of John Callow.	
1793	Œsophagus, affected with very extensive malignant Ulceration, and opening into the Trachea.		
	(4.) *Stomach.*		
1794	Stomach, taken from the body of —— Simpson, a Man of about 50 years of age, originally a sailor, subsequently a tailor. He had been long addicted to intoxication, which often brought on fits of insanity. Three or four months before his death, he began to complain of pain in the stomach: at first, unaccompanied by sickness. The sickness which subsequently came on was never very considerable; but he had difficulty of deglutition, and latterly could swallow nothing but liquids: his bowels were constipated; and his emaciation was great. The cavity is extremely contracted: the coats, which are as remarkably thickened, exhibit some appearance of malignant degeneration. The Mucous Membrane thickened and granular; and the Muscular structure generally assuming the character which has been described as Hypertrophy.	See the Note accompanying the Preparation.	M.W. Casson, Hull.
1795	Stomach, in which the Hour-glass contraction has taken place in a marked degree.		
1796	Stomach, having very strong Hour-glass contraction.		Sir Astley Cooper.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1797	Stomach of a Man, who died of Hæmatemesis.		
1798	Portion of Stomach; shewing Ecchymosed spots, produced by the Stomach-pipe.	1st Green Insp. Book, page 16. Case of T. Nichols.	Dr. Burne.
1799	Stomach of a person poisoned by sulphuric acid.		
1800	Stomach of the Knife-eater. (See Prep^{ns}. 963 and 964.)	Red Insp. Book, page 259. Case of J. Cuming, &c.	
1801	Ulcers on the Mucous coat of the Stomach.		
1802	Inverted Stomach; shewing the entire destruction of the Mucous Membrane, lining rather more than the middle third of the organ. This loss of substance is abrupt; the edges of the remaining Mucous Membrane being generally clear and defined. It has possibly been the effect of a process of softening, rather than of ordinary ulceration. It is accompanied by Hour-glass contraction.		By ——— in 1827.
1803	Stomach; shewing a large old Ulcer perforating its coats, but filled up by adhesion to the Liver and Pancreas. The patient died of Tubercular Phthisis, and had formerly been affected with constant vomiting.		C. A. Key, Esq.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1804	Small old Ulcer of the Stomach, with adhesion to the Pancreas. From a Man who had served in the expedition to Walcheren, and had been ill ever since.	Red Insp. Book, page 175.	
1805	Stomach, having a large oval ulcerated opening situated near its middle, but which appears to have been closed by adhesion to the neighbouring parts :—the Pancreas ?	The Case which accompanied the Preparation.	C. Avrill, Esq.
1806	Portion of a Stomach which is perforated by Ulceration : it burst suddenly into the Abdomen, producing Peritonitis, and death, in 30 hours.		Mr. Williams.
1806A	Thickened Pylorus, and ulcerated Duodenum.	5th Green Insp. Book, page 27. Case of A. Leonard.	
1807	Cancerous Ulceration of the Cardiac orifice of the Stomach. (Fungoïd.)	Old Museum Book, No. 242.	
1808	Stomach; the greater part of the Cardiac portion of which is affected with malignant Ulceration.	Old Museum Book, No. 218.	Mr. Davy's Collection. B. Harrison, Esq.
1809	Stomach, with Fungoïd thickening and Ulceration near to its Pyloric extremity.		Sir Astley Cooper.
1810	Enlarged Stomach; the Pylorus much thickened, and its passage nearly closed by Fungoïd disease. The Muscular structure at this part has the appearance of Hypertrophy.	Old Museum Book, No. 226.	

N.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1811	Stomach, with extensive and deep malignant Ulceration near the Pylorus.		
1812	Stomach, affected with Fungoïd Ulceration. (See Prepns. 1420, 1462, and 2022.)	Red Insp. Book, page 166. Case of J. Daniel.	
1813	Considerable and extensive thickening of the Stomach, near the Pylorus; having a scirrhous character, and accompanied with slight Ulceration: the muscular structure exhibits that degeneration which has been called Hypertrophy. From a patient of Dr. Back's, in Dorcas's Ward.	Old Museum Book, No. 273.	
1814	Scirrhous Tumor at the Pylorus, with Ulceration internally.		
1815	Portion of Stomach; shewing part of an old Ulcer; a thick and granular state of the neighbouring Mucous Membrane; induration and thickening of the Submuscular Cellular Membrane; and the Muscular Coat extensively affected with thickening, and that degeneration which has been called Hypertrophy.		
1816	Stomach, and part of the Colon; exhibiting the effects of Chronic Inflammation, with partial Hypertrophy of the Muscular Coat. From a Sailor, aged 66, and long addicted to excess in drinking: his symptoms had been constant vomiting, and great emaciation. (See the Preparation of the Kidneys united at the lower extremities, and one Ureter obliterated. N°. 2024.)		T. Hardy, jun. Esq.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1816A	Stomach, and part of the Colon; exhibiting the effects of Chronic Inflammation, with partial Hypertrophy of the Muscular Coat.		
1817	Dried portion of Stomach; of which the Mucous Membrane was partially raised by Emphysema.	Insp. Book, page . Case of	
	(5.) *Small Intestines.*		
1818	Portion of the Ilium; with a pouch, or diverticular appendix, about three inches in length.		
1819	Portion of the Ilium; with an appendix, about an inch and a half in length.	Insp. Book, page . Case of	
1820	Portion of Intestine; from a Small-pox patient, who died with Intestinal Hæmorrhage.		Dr. Burne.
1821	Portion of small Intestine; from a patient who died of Small-pox, and had Hæmorrhage from the Bowels. There is diffused increase of vascularity of the Mucous Membrane, and slight enlargement of the Glandulæ Solitariæ and Aggregatæ.		Dr. Burne.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1822	Portion of Strangulated Intestine; from a patient operated on by B. B. Cooper, Esq. and who died of internal Hæmorrhage. (See Prepn. 2477.)		
1823	Portion of small Intestine, of which the Mucous Membrane is deeply coloured with dark blood. From an old Man, a patient of B. B. Cooper, Esq., who died with Stricture of the Colon, about two inches from its termination, and presented many of the symptoms of strangulated Hernia. (See Prepns. 1826, 1853, and 1855.)	4th Green Insp. Book, page 24. Case of H. Jenkinson.	
1824	Portion of small Intestine, which had been strangulated. It had acquired a dark colour, especially in its Mucous Membrane. Gangrene appeared to have commenced in one part.	Insp. Book, page Case of	
1825	Portion of small Intestine, which had been strangulated. It was of a dark colour; but its appearance was rather carbonaceous than livid, and not in the least degree Gangrenous.	3d Green Insp. Book, page 92. Case of E. Nichols.	
1826	Portion of the Ilium; from an old Man, who had been affected with symptoms resembling those of strangulated Hernia, but caused by a stricture of the Colon. The Mucous Membrane, but more especially the free edges of the Valvulæ Conniventes, of a dark colour: a Mesenteric Gland, enlarged and converted into a smooth bony Calculus, enveloped in a dense pale laminated covering. (See Prepns. 1823, 1853, and 1855.)	4th Green Insp. Book, page 24. Case of H. Jenkinson.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1827	Portion of the Ilium; the Vessels of the Mucous Membrane of which are distended with dark blood, probably from congestion: one of the patches of aggregate Glands distinct, being thicker and paler than the rest of the Mucous Membrane.		Dr. Burne.
1828	Two portions of small Intestine, inflamed and ulcerated, from Dysentery. The Mucous Membrane is of a diffused dull red, much thickened, and having Lymph effused on its surface: the ulceration very slight.	Old Museum Book, No. 108.	
1829	Ulcerated Duodenum, and contracted Pylorus.	Old Museum Book, No. 247.	
1830	First or Valvi-Pyloric portion of the Duodenum, with a large clean Ulcer close to the Pylorus.		
1831	Portion of small Intestine, with ulcerated Mucous Membrane. From a patient who died of Phthisis.		
1832	Small Intestine, perforated from within by ulceration. From a Child, who died of Hypertrophy of the Brain and Hydrocephalus. (See Prepn. 1965.)	2d Green Insp. Book, page 13. Case of Richard End.	
1833	Portion of small Intestine, perforated. From a Man who had had a kick from a horse: he died 13 days after the accident, with extensive Peritoneal inflammation, and a very little effusion of fæcal matter.	C. A. Key's Record of Inspections. Case of J. Harley.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1834	Ulcerated Perforations through the small Intestines. From a patient of Dr. Marcet's, in Dorcas's Ward.	Old Museum Book, No. 225.	
1835	Portion of small Intestine, ruptured.		
1836	Portion of small Intestine, perforated by Ulceration.	Old Museum Book, No. 248.	
1836^{A}	Portion of small Intestine, in which perforation has taken place, in consequence of a kick from a horse.	6th Green Insp. Book, page 18. Case of John Cox.	
1836^{B}	Portion of small Intestine, which had protruded in Femoral Hernia: it had been strangulated, but was reduced. Though perforated, there did not appear to have been any opening through which fæcal matter could have escaped, till the Intestine was removed from the body: the lips of the wound having been inverted and feebly glued together. (See Prep^{n}. 2485^{A}.)	6th Green Insp. Book, page 54. Case of M. Lewis.	
1837	Portion of small Intestine, inflamed: the inflammation principally affecting the Glandulæ Aggregatæ: injected, dried, and immersed in spirit of turpentine. (Counterpart to 1842 and 1843.) From a young Woman inspected by C. A. Key, Esq., who died four days after she had been attacked with symptoms of Fever.		C. A. Key, Esq.
1838	Portion of the Ilium; the Mucous Membrane generally inflamed; the Glands, both Aggregate and Solitary, thickened, and in a state of ulceration, or nearly approaching to it. (Injected.)		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1838^{A}	Portion of small Intestine, in which were numerous spots of a jet-black colour, which appeared to be the effects of old ulceration.	5th Green Insp. Book, page 44. Case of John Carter.	
1839	Portion of the Ilium, with old ulceration of the Glandulæ Aggregatæ. The Valvulæ Conniventes appear notched.		
1840	Another specimen.		
1840^{A}	Portion of small Intestine, in which the Aggregate and Solitary Glands were enlarged, and of an opaque white colour. From a Child, two years and a half old, who died after an operation for the Stone. He had likewise disease of the Kidneys. (See Prep^{n}.)	6th Green Insp. Book, page 38. Case of W. Brisco.	
1841	Portion of Ilium, in which the Glandulæ Aggregatæ and Solitariæ are much enlarged from Deposit, which appears to be of a Scrofulous character. Some slight appearance of ulceration in one of the patches of the Aggregate Glands.	C. A. Key's Record of Inspections. Case of E. Titch.	
1842	Portion of Ilium, in which the Aggregate and Solitary Glands are much enlarged by Deposit, which appears to be of a Scrofulous character: there does not appear to be any ulceration, but considerable increase of Vascularity, with effusion of Lymph on the Mucous Membrane generally. This preparation is injected. From a patient inspected by C. A. Key, Esq. (Counterpart to 1837 and 1843.)		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1843	Termination of the small, and commencement of the large, Intestines; shewing inflammation and great enlargement of the Mucous Glands at the termination of the Ilium; with effusion of Coagulable Lymph. From a young Lady, who died after four days' illness. (See Prep^{ns}. 1837 & 1842.)		C. A. Key, Esq.
1843^{A}	Termination of the Ilium and the Cæcum, with its appendix: the Aggregate Glands much thickened and ulcerated.	Green Insp. Book, page Case of	
1844	Termination of the Ilium: the Aggregate Glands much enlarged, and slightly ulcerated. From Mr. Ablett, who died in the early stage of Fever.		
1845	Portion of small Intestine, with a large circular ulcerated spot, having ragged elevated edges.—Malignant?		
1846	Portions of Intestine, glued together by adventitious Membrane, loaded with Tuberculous matter. The Mucous Membrane, for a considerable extent, separated with the greatest facility from the Muscular Coat. (See Prep^{ns}. 2450 and 2450^{A}.)	Red Insp. Book, page 222. Case of Eliz. Sayce.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1847	Intussusception of several inches of small Intestines.		
1848	Intussusception in several places. Intestine of a Child.		
1849	Portion of small Intestine; shewing an Intussusception of several inches. From an Adult.		
1850	Intussusception of small Intestine, in three places. From a Child.	Old Museum Book, No. 162.	R. Stocker, Esq.
1850^A	Portion of small Intestine; shewing Intussusception.		
1851	Intussusception of small Intestine; with a portion of Coagulable Lymph, which has taken the impression of the Intestine. From a Child.		Sir Astley Cooper.
1851^A	Section of a dried Portion of small Intestine, in which Intussusception had taken place.		
	(6.) *Large Intestines.*		
1852	Last portion of the Colon, or commencement of the Rectum; shewing an Annular Stricture of small extent, and unaccompanied by thickening.	Old Museum Book, No. 129.	Dr. Cholmeley.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1853	Stricture, with Ulceration, about two inches from the extremity of the Colon: it appears to be of malignant character, and induced obstinate constipation, and symptoms of strangulated Hernia. (See Prep^ns^. 1823, 1826, and 1855.)	4th Green Insp. Book, page 24. Case of H. Jenkinson.	
1854	Stricture of the Colon, about two inches from its lower extremity, accompanied by malignant Ulceration internally, and by Peritoneal adhesion: the Colon above greatly distended. The patient had long been subject to constipation; and for three weeks had had no alvine evacuation. (See Cast.)	3d Green Insp. Book, page 10. Case of Donald Hart.	
1855	Portion of Cæcum; shewing the Mucous Membrane deeply coloured with dark blood. From a patient of B. B. Cooper, Esq. who died from obstinate constipation, occasioned by Stricture near the extremity of the Colon. (See Prep^ns^. 1823, 1826, and 1853.)	4th Green Insp. Book, page 24. Case of H. Jenkinson.	
1855^A^	Cæcum, with the first part of the Colon; the Mucous Membrane affected with acute Inflammation, and in some parts sphacelated. The Appendix Cæci very small. (See Prep^ns^. 1429^A^ and 1762^A^.)	6th Green Insp. Book, page 4. Case of J. Wetherlick.	
1856	Rectum, in longitudinal furrows. From a Child, who died of Thrush.	Old Museum Book, No. 84.	
1857	Portion of Colon, with a layer of adhesive matter, forming an adventitious Membrane on its inner surface.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1858	Portion of Colon; the Mucous Membrane of which is inflamed, and exhibits two or three spots of old ulceration.		Dr. Whiting.
1859	Portion of Colon; with thickening, inflammation, and minute irregular and thickly-sprinkled ulcerations of the Mucous Membrane.		
1859^A	Portion of Colon, corrugated, and slightly thickened; its Mucous Membrane granular, and perhaps ulcerated.	Green Insp. Book, page Case of	
1860	Portion of Colon; exhibiting very extensive old ulcerations of the Mucous Membrane, with thickening of the other coats of the Intestine. (Dysentery.)	Old Museum Book, No. 174.	
1861	Portion of Colon, thickened, and contracted from the ulceration of its Mucous Membrane.		Dr. Burne.
1862	Considerable portion of large and small Intestine, from a phthisical patient; exhibiting numerous ulcerations of the Mucous Membrane, some of which are dependent on Tubercular Deposit.	Old Museum Book, No. 120.	
1863	Portion of Colon; with numerous ulcerations of the Mucous Membrane; from a patient, about 60 years of age, of intemperate habits, who died with Paralysis and Diarrhœa, with green, knotty, and watery stools.	Old Museum Book, No. 10. Case of W. Oxley.	
1864	Portion of Colon; shewing deep old ulcerations of the Mucous Membrane, with puckering.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1864A	Portion of the ascending Colon, thickened, and its calibre contracted: its Mucous Membrane generally affected with old ulcerations: the Appendix Cæci bound down, and closed at its orifice.	5th Green Insp. Book, page 122. Case of Maria Tapley.	
1865	Portion of Colon and Rectum; with extensive old ulcerations, especially of the latter. The intestine much thickened, and perforated by sinuses.		
1866	Last portion of the Colon and the Rectum, with extensive ulceration of the Mucous Membrane: some of the ulcers extremely deep, having formed sinuses. The Rectum and Uterus firmly adherent to each other.		Sir Astley Cooper.
1867	Portion of thickened and contracted Colon, with perforation which communicated with an Abscess in the Iliac Region, and was accompanied with Stricture of the Rectum and Fat Liver.	2d Green Insp. Book, page 90. Case of Mr. Woodward.	
1868	Portion of Colon, thickened, and irregularly contracted; with the Mucous Membrane generally sphacelated and separating: from a patient in the Clinical Ward; admitted with symptoms attributed to lead, and considered as Colica Pictonum.	2d Green Insp. Book, page 97; and Clinical Books, 1826-7. Case of Jas. Vaughan.	
1869	Fungoïd thickening and ulceration of the Colon, with very remarkable partial dilatation.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1870	Portion of Colon; the Mucous Membrane of which is much thickened, the Follicles are enlarged, and there are small ulcers: stated, in the Old Museum Book, to be passing into Sphacelus.	Old Museum Book, No. 255.	
1871	Portion of Intestine; shewing much-enlarged Mucous Follicles, and incipient Ulceration.	Old Museum Book, No. 105.	Dr. Curry.
1872	Portion of Colon; shewing numerous much-enlarged Mucous Follicles.—Incipient Ulceration probable.		
1873	Portion of Small Intestine, shewing Intussusception, and a portion of the Sygmoïd Flexure of the Colon, to the Mucous Membrane of which, a globular body, of the size of a cherry, is attached by a peduncle.		T. Hardy, jun. Esq.
1873^A	Portion of the Sygmoïd Flexure of the Colon, with a small pedunculated body attached to its Mucous Membrane, which is extensively ulcerated.	4th Green Insp. Book, page 131. Case of S. Sweeny.	
1874	A considerable part of the Ilium received into the Cæcum: the part forming the intussusception was of a chocolate colour. From a Lad, aged 22, admitted with symptoms of protracted Fever: his bowels had been costive. Before death, he had symptoms of Iliac Passion. (See Prep^rs. 1585 and 2077.)	Old Museum Book, No. 8. Case of John Bailey.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1875	Portion of Intestine, which appears to have been the subject of Intussusception: a layer of adhesive matter on the Mucous Coat.		
1876	Portion of Colon; exhibiting Intussusception of some inches, and accompanied by deep injection of the Mucous Membrane.		
1877	Portion of the Colon, ruptured from constipation, occasioned by Stricture of the Rectum. The patient had been subject to constipation for twenty years. For a fortnight before her death, she had passed no alvine evacuation: ten hours before her death she was seized with vomiting: her belly became tympanitic, and highly painful. On inspection, this rupture of the Colon was discovered, with a large quantity of fæces in the Abdomen. (See Prep^{n}. 1884.)		T. Hardy, jun. Esq.
1878	Cæcum, with a perforation communicating with an opening in the Groin; the consequence of Abscess following Stricture in the Rectum. From Henry Foskett, Lazarus's Ward, June 1807.	Old Museum Book, No. 153.	
1879	Appendix Cæci; dilated at its upper part; obliterated and contracted lower down.	2d Green Insp. Book, page 5. Case of Ann Basil.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1880	Ulcerated Cæcum: the Vermiform Process contracted at its opening into the Intestine, and dilated inferiorly. The patient died of Aneurism of the Aorta. (See Prepn. 1453.)	Old Museum Book, No. 16. Case of Jas. Spruhn.	
1881	Ulcerated and perforated Appendix Cæci, in which a fæculent concretion was found. (See Prepn. 1894.)		Dr. Burne.
1881A	Termination of the Ilium, with the Cæcum and Appendix Vermiformis; which last is perforated by ulceration. The Mucous Membrane deeply injected: Pus under the Peritoneal Coat. The patient died of Peritonitis.	5th Green Insp. Book, page 126. Case of G. Nethercott.	
1882	Rectum, terminating in the Bladder, near its Cervix. From an Infant.		Mr. Beck.
1883	Rectum, greatly dilated; and the Anus much contracted. It was originally imperforate; and an operation, which had been performed, was not followed up by proper care on the part of the Mother. From a Child five months old.		C. A. Key, Esq.
1883A	Rectum, terminating in a Cul de Sac.		T. Hardy, jun. Esq.
1884	Stricture of the Rectum, which caused death, by rupture of the Colon. (See Prepn. 1877.)		T. Hardy, jun. Esq.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1885	Stricture of the Ilium. It is very short, and seems to have been caused by some adhesion. It is of a very dark colour, apparently from Sphacelus.		Sir Astley Cooper.
1886	Annular Stricture of the Rectum. (The last portion of the Colon?)		
1887	Rectum, with numerous Cauliflower-shaped Tumors, attached by Peduncles to the Mucous Membrane.		Sir Astley Cooper.
1888	Termination of the Rectum, surrounded by Piles.		
1889	Hæmorrhoïds.		
1890	Venereal Warts, removed from the Anus.		
1891	Hæmorrhoïds, accompanied by Prolapsus of the Rectum.		
1892	Rectum, perforated in two places from gun-shot wound; which injured the Obturator Nerve where passing through the Sacrum. (See Prep^n. 1616.)	Old Museum Book, No. 130 *.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(7.) *Intestinal Concretions.*		
1893	Oatmeal Concretion, from the Intestines.		
1894	Lamellated Concretion, from the Appendix Vermiformis.—It produced ulceration, and death, from Peritonitis. (See Prepn. 1881.)		Dr. Burne.
	ORGANS ACCESSORY TO THE ALIMENTARY CANAL.		
	(8.) *Liver and Gall-bladder.*		
1895	Portion of Liver; much contracted, and having a lobulated or flat renniform surface. From the Tower.	Old Museum Book, No. 183.	
1896	Portion of greatly-enlarged Liver; from a Child, for some years confined to bed.—The Liver, which retained its natural figure and smooth surface, occupied the greater part of the much-distended Abdomen: its texture was much closer, firmer, and drier, than is natural: the increase of its size appeared solely to depend on Hypertrophy of the Acini.	2d Green Insp. Book, page 54. Case of Jas. Meyers.	
1897	Indented Liver, with a deep depression on its convex surface, produced by a fold in the Diaphragm, which was caused by the contraction of a false Membrane between it and the base of the Lung.	5th Green Insp. Book, page 140. Case of Jon. Knapp.	
1898	Liver, with impressions received from the Diaphragm; probably in consequence of some irregularity either in its insertions or in the thickness of its muscular structure.		T. Hardy, jun. Esq.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1899	Liver, with large Abscess communicating with the Lung.	Old Museum Book, No. 102.	
1900	Portion of a Liver, with a considerable Abscess, without a circumscribed Cyst; but which has occasioned a destruction of the substance of the organ, by which a portion of it, of a globular figure, appears to have been nearly detached within the cavity formed by the abscess.	Old Museum Book, No. 132.	Mr. Davy's Collection. B. Harrison, Esq.
1901	Liver, containing a large-defined Abscess; extending to the Ribs on the left side, and partially imbedding the Spleen.	Old Museum Book, No. 250.	
1902	Liver, containing Abscess; which was opened twice during life: a large quantity of unhealthy discoloured pus was evacuated.—It is stated, that no part of the organ had a healthy character; and, from the preparation, it would appear that the substance was thickly sprinkled with Fungoïd Tubercles; most of which are minute, and in a state of softening. From a patient of Dr. Cholmeley's, in Cornelius's Ward.	Old Museum Book, No. 271.	
1903	Liver, with a large Abscess, extending, behind the Peritoneum, into the Pelvis: it supervened on cold caught during menstruation. From a patient of Dr. Babington's: she was ill about ten months.	Old Museum Book, No. 5. Case of Eliz. Child.	
1904	Section of Granular Liver, partially injected. From a Dropsical patient.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1905	Portion of Liver, erroneously styled Scirrhous, but in which some enlargement and degeneration of the Acini appears to have taken place.	Old Preparation, without history.	
1906	Portion of Granular, but Soft, Liver; having a flat renniform surface, from contraction of the Cellular Membrane. From a subject dissected at Guy's.	1st Green Insp. Book, page 152.	W. Overend, Esq , Sheffield.
1907	Portion of Liver, considerably indurated by condensation of the Cellular Membrane between the Acini.	Old Museum Book, No. 262.	
1907ᴬ	Portion of Liver: the surface marked by numerous mammillated elevations and puckered depressions, from thickening and induration of the cellular structure between the Acini.	Green Insp. Book, page	
1908	Portion of Liver, indurated by the condensation of the Cellular Membrane between the Acini. There is also some appearance of the formation of Tubercles, probably of Fungoïd character. There are likewise numerous miliary elevations on the Peritoneal Covering. It was taken from a young Woman, 23 years of age, affected with Dropsy. Her first symptoms had been Amenorhœa.		
1909	Granular Liver, which, when recent, was of an olive colour.	Old Museum Book, No. 136.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1910	Portion of Liver, with the Gall-bladder. The latter contained a colourless fluid, (See Prepⁿ. 1966.) called Colourless Bile, but in all probability only Mucus: the structure of the Liver is pale and close. The patient died of Hydrocephalus, under Dr. Curry.	Old Museum Book, No. 134*.	
1911	Portion of Liver, far advanced in the fatty degeneration.	2d Green Insp. Book, page 90. Dr. Bright's Work, Part I. Case of Mr. Woodward.	
1912	Section of Enlarged Liver, undergoing the fatty degeneration. The patient, about 14 years of age, died with Ascites: his Kidneys were also affected with the mottling degeneration; and a short time before death he had Pericarditis, following Rheumatism. (See Prepⁿ. 1446.)	3d Green Insp. Book, page 22. Also the Clinical Reports. And Dr. Bright's Work, Part I. Case of W. Hobson.	
1913	Portions of Liver; containing Tubercles, apparently Scrofulous. From a patient of Dr. Bright's. (See Prepⁿ. 2003.)	1st Green Insp. Book, page 157. Case of Dan. Patrick.	
1914	Portion of Liver; containing defined Abscesses, dependent on the softening of Tubercles.		
1915	Portion of Liver; containing numerous Abscesses, apparently of a Scrofulous character.		

Nº.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1916	Injected Preparation of Liver; containing numerous Tubercles of rather small size. They approach to the circular figure, but are imperfectly defined. An old preparation.		
1917	Portion of Liver; containing ill-defined Fungoïd Tumors. There were also Fungoïd Tubercles in the Tibia and Breast.		
1918	Portion of Liver, affected with Fungoïd disease. (See specimen of the same disease in Kidney, Nº. 2021.)		
1919	Portion of Liver; exhibiting ill-defined Fungoïd Tubercles.		
1920	Portion of Liver, loaded with Fungoïd Tubercles; some of which are tolerably defined, others more diffused. The patient had disease of the Breast, &c.		
1921	Portion of Liver; containing Fungoïd Tubercles, which are tolerably defined; but the masses are not enclosed in a very distinct Cyst: (injected.) The patient had malignant disease of the Breast.		
1922	Portion of Liver, containing large Fungoïd Tubercles: in the Gall-bladder there is a Calculus, consisting of Cholosterine. The patient had Fungoïd disease of the Breast.	3d Green Insp. Book, page 15. Case of S. Gregory.	
1923	Liver of a Child, with small Fungoïd Tubercles imbedded in it. (See Kidneys from the same subject, Nº. 2054.)		Mr. Pearse.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1924	Defined white Fungoïd Tubercle in the Liver.		
1925	Defined Fungoïd Tubercles in the Liver.		
1926	Fungoïd Tubercles in the Liver.		
1927	Portion of Liver, containing a large Fungoïd Tubercle. From a patient of Dr. Cholmeley's, who was affected with this disease in various parts of the body, and was paralytic from its having attacked the Spine. (See Prep^{ns}. 1028, 1042, 1449, 1544, 1548, 1782, and 2012.)	C. A. Key's Record of Inspections. Case of John Fenn.	
1928	Portion of Liver, with large defined Tubercles. The Membranous Cysts containing this peculiar deposit are very evident in this preparation.		
1928^{A}	Portion of Liver, with a very large well-defined Fungoïd Tubercle. From a patient who died with obstinate Diarrhœa, which was occasioned by Mesenteric Tumors of the same kind, softened, and communicating with the Intestine. (See Model in Wax.)		John Hilton, Esq.
1929	Portion of Liver; containing Fungoïd Tubercles, one of which compressed the Biliary Ducts, and produced Jaundice. (See Prep^{n}. 1971.)	4th Green Insp. Book, page 124. Case of Mary Higgs.	
1930	Portion of Liver; containing large defined Fungoïd Tubercles, some of which are in the stage of softening.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1931	Portion of Liver; containing large Fungoïd Tubercles, some of which are far advanced in the stage of softening.	Old Museum Book, No. 260.	Dr. Cholmeley.
1932	Portion of Liver, containing very well-defined Fungoïd Tubercles. They are of a brownish colour.		
1933	Portion of Liver; containing defined Fungoïd Tubercles of a dark colour, which are considerably advanced in the stage of softening, especially about their circumference.	Old Museum Book, No. 245.	Dr. Curry.
1934	Section of greatly-enlarged Liver; loaded with Fungoïd Tubercles, some of which are of large size: in most of them, the existence of superior and secondary Cysts is very evident. A few of the Tubercles are in the stage of softening.		
1935	Section of Liver; containing defined Fungoïd Tubercles, in which the presence of Cysts is very evident. Some of the Tubercles have a dark colour, approaching to Melanosis.		
1936	Section of enlarged Liver; with Fungoïd Tubercles, with evident secondary Cysts. Some of the Tubercles are of large size, and of a dark colour, approaching to Melanosis.		
1937	Portion of Liver; with large Fungoïd dark-coloured or Melanotic Tubera, in different stages. (See Preparations of the same disease, in the Absorbent Glands, Kidney, and Skin; N°ˢ. 1551, 1555, 1661, and 2062.)		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1938	Portion of Liver; containing a large circumscribed brown Tubercle. From a young Man, a patient of B. B. Cooper, Esq., operated on for Strangulated Congenital Hernia. (See Prep^{ns}. 1825 and 2476.)	4th Green Insp. Book, page 37. Case of Jas. Bishop.	
1939	Small defined Cartilaginous Body; imbedded in, and slightly attached to, the surface of the Liver.		
1940	Small well-defined Cartilaginous Tumor, slightly attached to the surface of the Liver.	Old Museum Book, No. 133.	
1941	Portion of Liver, containing an Hydatid Cyst.		
1942	Large Hydatid Cysts, from the Liver. They formed a large Tumor in the Lumbar region. A dry preparation.		Dr. Whiting.
1943	Two large Hydatid Cysts, from the Liver. A dry preparation.		Dr. Bright.
1944	Large Hytadid, found solitary in the Liver of a Child seven years old. From a Dispensary patient of Dr. Hodgkin's.		Dr. Hodgkin.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1945	Hydatids, from the Liver and other parts within the Abdomen.	Red Insp. Book, page 170. Case of E. Culham.	
1946	Portion of Liver; containing a Cyst filled with a friable substance, and the shrivelled remains of Hydatid Membranes.		
1947	Remains of a Cyst in the Liver; containing dead Hydatid Membranes, and a friable substance.		
1948	Portion of Liver; with superficial lacerations on its convex surface. From a young Woman, who was killed by a fall from a window.	4th Green Insp. Book, page 42. Case of Eliz. Smith.	
1949	Ruptured Liver; from a patient of J. Morgan, Esq.		
1950	Portion of Liver; shewing a rupture through the Lobulus Spigelii, by which a vein was torn, and death produced by hæmorrhage.		
1951	Ruptured Liver.	Old Museum Book, probably No. 211.	
1952	Liver, from a Child ten weeks old; to which the Gall-bladder is wanting.	3d Green Insp. Book, page 68. Case of a Child of M. Newman.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1953	Portion of Liver, with the Gall-bladder contracted to a very small size, and containing some Calculi.		
1954	Dilated Gall-bladder, Ductus Communis Choledochus, obstructed by Scirrhous head of the Pancreas.		
1955	Dilated Gall-bladder; with indurated Liver, which was remarkably small. The patient was affected with Icterus, accompanied by delirium, and subsequently by Coma.	Old Museum Book, No. 244. Case of A. Norman, æt. 30.	Mr. G. Langstaff.
1956	Ulcerated Mucous Membrane of the Gall-bladder.	Old Museum Book, No. 216.	
1957	Portion of Liver; with the Gall-bladder, on the Mucous Membrane of which are some old Cicatrices. It contained flakes of a dark substance, resembling truffles. (See Prep^{ns}. 1991 and 2043.)	4th Green Insp. Book, page 92. Case of W. Blush.	
1958	Gall-bladder, with Cicatrices in its Mucous Membrane. It contained black sabulous grains. (See Prep^{ns}. 1292^{A} and 1967.)	5th Green Insp. Book, page 138. Case of G. Rothram.	
1959	Portion of Liver and Gall-bladder; with a small angular Calculus lodged in the Parietes of the latter. From a Lady who died of Apoplexy.		
1960	Portion of Liver, which was pale and granular; with the Gall-bladder attached, containing black calculi, which are seen through small artificial openings.	Old Museum Book, No. 214.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1960^A	Portion of Liver; with the Gall-bladder, which is thickened and contracted, and contains numerous Biliary Calculi.		
1961	Gall-bladder, which was filled with numerous Biliary Calculi; one of which lodged at the entrance of the duct. The Mucous Membrane was strongly marked, and was probably somewhat sacculated.		
1962	Gall-bladder, containing three large dark-coloured smooth Biliary Calculi.		T. Hardy, jun. Esq.
1963	Enlarged Gall-bladder, with a large adherent Biliary Calculus; apparently crystallized, but of a dark colour: a dry preparation.		
1964	Liver, containing white Fungoïd Tubercles, and Gall-bladder much thickened from the same disease, and ulcerated internally. It contained numerous Biliary Calculi, consisting of Cholosterine. The patient had Fungoïd Tubercles under the skin. (See Prep^n. 1981.)	4th Green Insp. Book, page 104. Case of a Patient in London Dispensary.	Dr. Miller.
1965	Obstructed Cystic Duct; from a Child who died of Hydrocephalus, or Cerebral Hypertrophy: the Gall-bladder was filled with white transparent Mucus. There was a perforation of the small Intestine in the same subject. (See Prep^n. 1832.)	2d Green Insp. Book, page 13. Case of Richard End.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1966	Nearly-colourless and transparent Fluid; taken from the Gall-bladder of a Child, who died of Hydrocephalus, under the care of Dr. Curry. It appears to have been quite colourless and transparent when removed, but to have become subsequently a little discoloured. It was regarded as Bile, but is more probably the secretion of the Gall-bladder. (See Prepn. 1910.)		
	(9.) *Biliary Calculi.*		
1967	Small black sabulous Biliary Calculi; taken from the Gall-bladder. (See Prepns. 1292A and 1958.)	5th Green Insp. Book, page 138. Case of G.Rothram.	
1968	Two black Biliary Calculi. They appear to have been subjected to attrition in the Gall-bladder.		
1969	Black Biliary Calculus, of about the size of a nutmeg. It has some slight appearance of crystallization.		C. Fagg, Esq. Hythe.
1970	Dark-coloured Biliary Calculi.	Old Museum Book, No. 137.	
1971	Dark-coloured Biliary Calculus; minutely crystallized externally. (See Prepn. 1929.)	4th Green Insp. Book, page 124. Case of Mary Higgs.	
1972	Dark-coloured Biliary Calculi; worn by attrition in the Gall-bladder.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1973	Biliary Calculi, of a mixed character; consisting partly of black matter, and partly of Cholosterine.		Dr. Burne.
1974	Four Biliary Calculi; worn by attrition, and of a dark-olive colour externally, but apparently reddish internally.		
1975	Small Biliary Calculi, of pearly-white colour.	Old Museum Book, No. 138.	
1976	Biliary Calculi, of lightish colour, and worn by attrition.		
1977	Biliary Calculus, consisting of Cholosterine: the patient had malignant ulceration of the Stomach.		Dr. Alderson.
1978	Very large Biliary Calculus, apparently consisting of Cholosterine, but considerably discoloured: it entirely filled the Gall-bladder, and has taken the impression of it, and of the commencement of the Ductus Cysticus. From the body of an elderly Lady.		T. Cullaway, Esq.
1979	Biliary Calculus, consisting chiefly of Cholosterine. It was found in the Ductus Communis. Choledochus.		
1980	Biliary Calculus, consisting chiefly of Cholosterine: well crystallized internally, less so externally, where it is much mixed with colouring matter.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1981	Several rounded Biliary Calculi, consisting principally of Cholosterine. From a patient afflicted with Fungoïd disease of the Liver and Gall-bladder. (See Prepn. 1964.)	4th Green Insp. Book, page 104. Case of a Patient in the London Dispensary.	Dr. Miller.
1982	Biliary Calculus, consisting principally of Cholosterine, but having a dark-coloured Nucleus.		
1983	Biliary Calculus, consisting apparently of Cholosterine; of an elongated figure, and, on its surface, mammillated, or Botryoïdal.		
1984	Biliary Calculi, of a mixed character, and irregular figure.		
1985	Irregularly-shaped Biliary Calculi, of a mixed character, but chiefly composed of Cholosterine.	3d Green Insp. Book, page 161. Case of S. Sutton.	
1986	Biliary Calculus, lodged in the Ilium, and causing death, by Enteritis.		A. Williams. Esq.
1987	Two very large Biliary Calculi: the one nearly globular; the other conical, but concave at its base, to fit the former. They appear to have filled the Gall-bladder, and to consist of Cholosterine. They were passed per Anum, by a middle-aged Lady, who has since enjoyed good health.	Medico-Chirurgical Transactions: and also the Case which accompanied the Preparation.	Z. Newington, Esq. Spital Square.
1987A	Two Biliary Calculi, which made their escape by an Abscess at the Umbilicus. From a Female, a patient of T. Callaway, Esq.		T. Callaway. Esq.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(10.) *The Pancreas, and Pancreatic Calculi.*		
1988	Head of the Pancreas, greatly enlarged by Fungoïd disease: the duct of the Pancreas greatly enlarged, but nearly closed at its opening into the Intestine.		
1989	Scirrhous Pancreas, and enlarged Pancreatic and common Biliary Ducts.	Old Museum Book, No. 180.	
1990	Portion of Stomach and Duodenum; shewing a small Gland, in structure resembling the Pancreas, but without any duct; situated under the Mucous Membrane of the Stomach, about three inches from the Pylorus. (See Prepⁿ. 1643.)	4th Green Insp. Book, page 60. Case of John Baldry.	
1991	Pancreas, containing two or three large Cysts, which were filled with fluid resembling turbid Saliva; but which did not communicate with the duct. There are also some Fungoïd Tubercles in the Pancreas and Spleen. (See Prepⁿ. 2043.)	4th Green Insp. Book, page 92. Case of — Blush.	Dr. B. Babington.
1992	Small Pancreatic Calculus.		
	(11.) *The Spleen.*		
1993	Small Spleen, much notched; with a small supernumerary Spleen.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
1994	Elongated Spleen, weighing 5 lb. 14 oz. The patient, a Female aged 41 years, had Ascites, enlarged Heart, and diseased Lungs and Liver.	Old Museum Book, No. 100. Case of Eliz. Tinsall.	
1995	Indurated and enlarged Spleen: the Liver, which forms a part of the preparation, is very much indurated and contracted, and its figure very much contorted and tuberose.	See Clinical Books for 1804 & 1805.	
1996	Greatly-enlarged Spleen: weight not given, but the organ is considerably larger than N°. 1994. From a patient, in Chapel Ward, under Dr. Curry.	Old Museum Book, No. 101.	
1997	Section of Spleen; exhibiting a partial degeneration of its structure, by which it acquired a pale and mottled colour.		
1997	Section of Spleen, considerably enlarged, and affected with inflammation of its substance, producing a light-coloured mottling.		
1998	Old Preparation of Spleen; without history or description. Its structure appears to be somewhat condensed; and is marked by concentric lines, nearly parallel to the external surface. Probably a Cadaveric, rather than a Pathological appearance.		
1999	Spleen, somewhat enlarged; and containing an Abscess, which discharged itself into the transverse Arch of the Colon.	C. A. Key's Record of Inspections. Case of Anne Cubitt.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2000	Spleen; shewing a peculiar, partial, and circumscribed degeneration of its structure, similar to N°. 2005; but having a small Apoplectic spot adjoining the indurated portion.	2d Green Insp. Book, page 32. Case of Jas. Skelton.	
2001	Spleen; exhibiting a peculiar and circumscribed degeneration of a part of the structure of the organ. A section, the counterpart to the preceding, but not in rectified spirit.	2d Green Insp. Book. page 32. Case of Jas. Skelton.	
2002	Spleen, affected with a partial and circumscribed degeneration, by which the structure is indurated, and rendered considerably paler than in the other parts of the organ. As in the preceding cases, the altered patch is placed transversely; and is bounded by a defined line, and by a slight depression on the surface.	3d Green Insp. Book, page 64. Case of Wm. Hunter.	
2003	Portion of Spleen, with degeneration similar to N^{os}. 2001 and 2005; but the changed part is less-defined and circumscribed. (See Prep^{n}. 1913.)	1st Green Insp. Book, page 157. Case of Dan. Patrick.	
2004	Portion of Spleen, which appears to be extensively affected with the degeneration observable in the preceding specimens.		
2005	Spleen; exhibiting a circumscribed condensed body, of a rounded figure.		
2006	Spleen of a Child, containing numerous small Scrofulous Tubercles.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2007	Portions of Spleen, Liver, and Lung; containing Tubercles. From a Black, a patient of Dr. Cholmeley's.	Old Museum Book, No. 6.	
2008	Spleen, containing numerous Scrofulous Tubercles. He had a large Scrofulous Abscess in the Axilla. The Mesenteric Glands were greatly enlarged, from the same cause. (See Prep^{ns}. 420, 422, and 890.)	1st Green Insp. Book, page 22. Case of a Native of O-wy-hee.	
2009	Spleen, and part of the Pancreas; containing numerous small white Tubercles, of Semi-cartilaginous structure and hardness. The absorbent Glands of the Pancreas enlarged and indurated. (See Prep^{n}. 1558.)	1st Green Insp. Book, page 107. Case of J. Sinnott.	
2010	Portion of Spleen, with two small rounded masses of Bone imbedded in its substance.		
2011	Spleen, with a Tubercle, apparently Fungoïd, imbedded in its substance.		
2012	Enlarged Spleen, with circumscribed large Fungoïd Tumor. The disease was present in other parts of the body. From a patient of Dr. Cholmeley's. (See 1028, 1042, 1449, 1544, 1548, 1782, 1927.)	C. A. Key's Record of Inspections. Case of John Fenn.	
2013	Spleen; with a Cartilaginous patch on the Tunic, at which spot there is a considerable puckered depression.	4th Green Insp. Book, page 102. Case of S. Kirnshead.	

N^{o}.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2013^{A}	Spleen; with numerous small Cartilaginous patches on its Tunic.		B. B. Cooper, Esq.
2014	Portion of Spleen, with a Cartilaginous patch on its surface.		
2015	Spleen; somewhat enlarged: with a Cartilaginous patch of considerable size on its surface. There is some laceration of the substance of the Spleen, but this probably did not exist during life.		
2016	Spleen; the greater part of the Surface of which is covered with a thick Semi-cartilaginous layer.	See the Letter which accompanied the Preparation.	
2017	Spleen of a Child; ruptured, by a cart passing over the body. The patient lived nearly three days. (See Prep^{n}. 726.)	1st Green Insp. Book, page 72. Case of Ann Fleuker.	
2018	Ruptured Spleen.		
2019	Spleen, lacerated, and almost broken down, by accident. The Child, about 12 years of age, survived three-quarters of an hour.		

OBSERVATIONS ON SECTION VII.

OF PART II.

The plan on which the objects comprised in this Section are arranged, is so obvious, that to offer an explanation of it here would be superfluous.

With respect to the Glandulæ, or Capsulæ Renales, their pathological appearances have, as yet, thrown no light on their obscure function. Notwithstanding their apparent close connection with the Kidneys, with respect to their derangements, they appear to be, to a great degree, independent of them. The Renal Capsules are found variously disorganized, whilst the Kidneys are little, if at all, affected: and, on the other hand, the Kidney may be so completely wasted, as to be scarcely discoverable, whilst the corresponding Capsule retains its ordinary size and natural appearance.

Amongst the Preparations of diseased Kidneys, none will be viewed with more interest than those which illustrate the valuable observations of Dr. Bright respecting that remarkable, though previously undescribed, mottling degeneration of these organs; which he has shewn to be frequently, though by no means invariably, accompanied by a disposition to Dropsical Effusion. This degeneration appears more particularly to affect the Cortical part. It exhibits many minor varieties, which may be classed under two principal divisions, and which we may, perhaps, be allowed to call Acute and Chronic forms; although, from numerous causes, the duration of the cases under either variety may be so modified, that, in this respect, as well as in regard to the appearances, the two forms may be said to pass gradually into each other. In the best specimens of that which may be considered as the Acute form, the peculiar matter is so minutely and generally deposited throughout the cortical part, is, in fact, so diffused through it, as, on slight inspection, to convey the appearance of the texture being of a uniform light colour. Kidneys so affected are considerably enlarged, retain their smooth external surface, are of a soft texture, and are but slightly adherent to the tunic. The Author is not aware that this form of the disease has ever been met with, except in conjunction with a decided tendency to Anasarca. In the opposite, or chronic, form, the Kidney is generally more than usually firm, and is contracted, rather than enlarged. The peculiar white or light-coloured deposit, which characterizes the derangement, is, even when abundant, collected into distinct bodies, by which the surface is rendered uneven, and evidently mottled, by slightly-elevated granulations of the deposit in question. On making a section of the organ, the deposit is not found, as a merely superficial view might induce one to expect, in the form of minute miliary particles; but is seen to dip into the cortical part, in the direction of the *Tubuli Uriniferi*, with which it by no means unfrequently appears to be continuous. Kidneys, in this latter state, have been found in persons who were not known to have been at all Hydropic. This deposit in the Kidneys has, in general, a very slight translucence; but, in some cases, which have appeared to be of long standing, it has been interspersed with a few very minute opaque points, of a dead-white colour; and, at the same time, a similar material has been seen to fill a few of the tubuli, producing the appearance of delicate-white lines. The mottled character of Kidneys in which this affection exists, is not solely produced by the white deposit above mentioned, but, in part, depends upon irregular vascular spots. These appearances have been so well described by Dr. Bright, and so faithfully represented in the excellent Plates which he has given, that it is quite unnecessary to give any further account of them here. Numerous cases have fallen under the Author's notice, since the publication of Dr. Bright's Work; and have fully confirmed the correctness of his observations, as to the connection between this deposit and

Dropsy and Apoplexy. The coincidence, however, is not universal: but the albuminous condition of the Urine, as shewn by the application of heat, is, as the Doctor has pointed out, so constant a concomitant of this deposit, that no example of its absence has, as yet, come to the Author's knowledge.

The preceding are not the only remarkable phænomena which appear to be intimately connected with the mottling degeneration of the Kidneys. Several observations have concurred in strongly supporting the idea that this condition of the Kidneys leads to a state of the system which is extremely adverse to the restoration of injured parts. Fractures after several days have shewn no trace of the commencement of that process by which union is effected. Patients have sunk after operations, without the wounds manifesting any disposition to heal; and sores of various descriptions have remained foul and untractable, under a variety of modes of treatment. The cadaveric phænomena which occur in subjects who have died with Kidneys in the state here spoken of, are, in all probability, closely connected with the peculiar habit or condition of the system which has been alluded to; and seem to indicate that something unusual has accompanied those molecular changes which form so important a part of the function of nutrition. Sometimes there is a copious evolution of gas, by which the structures have quickly become emphysematous: this effect has occasionally been produced so rapidly, that some of the structures have become nearly as crepitant as the Lung, even whilst the animal heat was still sensibly present. The odour exhaled by the body is extremely permanent, and very peculiar; so much so, indeed, as to have repeatedly led the Author, at the commencement of an inspection, and without the knowledge of any other symptom connected with this affection, to predict the state of the Kidneys which was about to be discovered.

2044, and several of the succeeding Preparations, consist of Kidneys having Cysts, of various sizes, imbedded in the glandular part. These cavities, which are generally filled with a watery and somewhat urinous fluid, have not unfrequently been called Hydatids: they are, however, perfectly distinct in their nature, both from the true Hydatids or Vesicular Worms, and from the adventitious Serous Cysts to which the name of Hydatid has likewise been given. The Cysts which exist in the Preparations now pointed out, constitute a morbid appearance peculiar to some glandular structures. It is pretty evident that they owe their origin to a cause which prevents a part of the secretion of the organs from being carried off from the point at which it is produced, by the minute tubes or ducts destined for this purpose. The secretion, though somewhat modified, is still continued; and the accumulation of the fluid behind the point of obstruction leads to the distension and absorption of the neighbouring structure, and a Cyst or cavity is the result. In consequence of the copious and constant secretion which goes on in the Kidneys, they are, under the influence of various causes of obstruction, more frequently and more remarkably the seat of the formation of this kind of Cyst, than any other Gland in the body. Kidneys in this state sometimes assume an appearance somewhat resembling a large bunch of good-sized grapes. The same kind of cyst is occasionally seen in the Liver, the Pancreas, the Salivary and the Lactiferous Glands.

2052, and some succeeding Preparations, exhibit Kidneys affected with malignant disease. The most remarkable of these are, the one which has been just pointed out, 2054, 2055, and more especially 2058, on account of the duration of the case, the prodigious size to which the affected organ attained, and the ossification of several of the Cysts proper to the fungoïd growth.

Amongst the specimens of diseased Pelves and Ureters, 2064, 2065, and 2066, are very remarkable, from the large size which the Pelvis has acquired, and from the extreme absorption of the glandular part. Some of the succeeding Preparations exhibit disease of the Pelvis of the Kidney, connected with Calculi lodged in this part. 2078, 2079, and 2079^{A}, Preparations belonging to two Cases in which there were two Ureters to one Kidney. The four next exhibit considerable dilatation of the Ureters; an effect which is sometimes produced by causes of obstruction, which prevent the Urine finding its way into the Bladder; as, for example, Tumors in the Uterus or the Ovary: at other times, this dilatation accompanies impediments to the evacuation of the Bladder.

The Preparations relating to the Urinary Bladder commence by examples of deficiency of the anterior part of this organ. This congenital defect appears to be always accompanied by a deviation from the ordinary attachment of the Umbilical Cord; which, in these instances, is so near to the spot at which the Ureters are seen to terminate externally, that the traces of the Umbilicus are either nearly or quite lost, in the soft, spongy, and humid excrescence which the open Bladder presents; or may be detected just above it. It is obviously difficult to ascertain the causes to which derangements taking place at so early a period are to be attributed: yet, if it be allowable to offer a conjecture on the subject, it might be queried whether the malformation just spoken of be not owing to the rupture of the Urachus at an early period of the fœtal existence. Amongst the examples of Bladder sacculated from protrusion of the mucous coat, through meshes formed between bundles of fibres in the muscular, there is one Preparation, 2088, which was taken from the body of a female, and may be considered as a case of considerable rarity. Some of the Preparations of Ulcerated and Perforated Bladder illustrate the connection between injury of the Vertebræ and this state of the Bladder. 2102 exhibits a very large opening communicating between the Bladder and Vagina: it had given passage to a Calculus of the size of a duck's egg.

Amongst the few Preparations exhibiting malignant disease of the Bladder, 2104^{A}, 2104^{B}, 2104^{C}, are specimens of fungoïd excrescences proceeding from the Mucous Membrane. The new growth consists in numerous radiating, and, in some instances, branching filaments: they are slender at the point of attachment, and are more or less expanded at their free extremities; and produce, by their union, a somewhat cauliflower-shaped appearance. The fungoïd growths of this kind are not wholly confined to the Mucous Membrane of the Urinary Bladder: they have already been noticed in Section V., as occurring about the Chordæ Vocales; and they may be regarded as one of the forms in which malignant disease, so liable to modification from the structures which it affects, is prone to exhibit itself in the Mucous Membranes, and also on some parts of the common Integuments. In the mode of their formation, they may be referred to the type which the Author has endeavoured to explain in his Paper on certain Adventitious Structures. At first sight, they may be thought to form an exception: hence, as they have not been particularly noticed in the Paper in question, a few remarks appear to be called for. It will be necessary, in order to render the matter intelligible and evident, to refer to that part of the Paper in which is described a particular form of compound adventitious Serous Cyst, in which a great number of pedunculated bodies are seen growing from nearly the same spot, on the internal surface of the containing Cyst. In this case it is shewn, that the dimension in length greatly surpasses that in breadth, and that the cavities of these pedunculated bodies are often wholly obliterated, so that they lose the character of a Cyst; but that, at other times, their dilated free extremities retain more or less of this form: and further, that, in some cases, each of these pedunculated bodies proceeds directly from the enclosing Cyst; but that, at other times, there is one common peduncle to several of these bodies. It is likewise stated, that these bunches of numerous slender pedunculated bodies, referrible to the type of compound Serous Cysts, and admitting of being traced by almost imperceptible gradations from the most complete and well-marked specimens, are most frequently met with in the secondary order of Cysts; but that they are also met with, scattered over the internal surface of the principal Cyst, without any other Membrane, than it, being reflected over them. It is this last form which affords the best illustration of the mode of production of the fungoïd growths above described, as proceeding from the surface of the Mucous Membranes. The best specimens of these formations are those which occur in the Urinary Bladder; a circumstance which may probably, in part, be attributed to the nature of the office which this organ has to perform; which, by keeping its cavity almost always more or less distended, and its internal surface consequently exempt from much mutual contact of its parts, allows the uninterrupted development of the new growth, and forms another feature of resemblance to the Cysts which have been referred to.

The Urinary Calculi require very little special notice in this place: but the Student is recommended to examine them, in conjunction with the perusal of the Work of Dr. Prout, whose plan has been closely followed in the arrangement of these specimens. The Calculi which follow 2012 are placed miscellaneously; and are more remarkable from their size and other accidental circumstances, than for their chemical composition.

SECTION VII.

URINARY ORGANS.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(1.) *Renal Capsules, and Kidneys.*		
2020	Fœtal Capsula Renalis, and Kidney: there is a small smooth rounded body lying on the former. It would seem that accessory bodies of this kind, though not invariably, are frequently present, and are liable to enlargement, from disease.		
2021	Fungoïd Tubercles, in the Glandula Renalis, and on the surface of the Kidney. From a patient who had Melanoïd Tumors in the Lungs, Liver, &c.		
2022	Fungoïd Disease, affecting the Renal Capsule and Kidney: an accessory body, like that seen in the Fœtal preparation above, is present, and enlarged. There are small Cysts in the substance of the Kidney. (See Prep^{ns}. 1420, 1462, and 1812.)	Red Insp. Book, page 166. Case of John Daniel.	
2022^{A}	Kidney, reduced in size, and altered in form; from compression. From a patient whose Spine was much distorted. (See Prep^{n}. 1026^{A}.)	6th Green Insp. Book, page 19. Case of A. Harrow.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2023	Horse-shoe Kidney.		T. Hardy, jun. Esq.
2024	Kidneys, connected, at the lower part, by a shoot from a condensed band, rather than by glandular substance. One of the Ureters is nearly or quite obliterated, thickened, and converted into a dense Semi-cartilaginous structure. (See Prep^{n}. 1816.)		T. Hardy, jun. Esq.
2025	Left Kidney, enlarged, containing collections of Pus: the right greatly wasted. From a patient under Sir Astley Cooper. for Calculus in the Bladder. He lay on his right side, passed very little urine mixed with pus, and suffered great pain; but for the last fortnight he was generally in a comatose state. (See Prep^{ns}. 2084 and 2198.)	Old Museum Book, No. 69. Case of John White.	
2026	Left Kidney, wasted, and Ureter greatly contracted: the right, of a natural size; but the Ureter rather enlarged.		
2027	Kidney, and Renal Capsule, greatly enlarged.	Old Museum Book, No. 253.	
2028	Kidney, very greatly enlarged; with ulceration of the Tubular part.		
2029	Enlarged Kidney, of which the Tubular part is ulcerated: the opposite Kidney was diminished.	Old Museum Book, No. 246.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2030	Somewhat-enlarged Kidney; the Tubular part much destroyed by ulceration: two ounces of pus were contained in the Infundibula. There appears to be likewise small Abscesses in the substance of the Kidney. The Ureter and Bladder were also thickened and ulcerated. In the same Glass are two portions of ulcerated Intestine, from the same patient, who died of Diarrhœa, after an illness of twelve months, in Charity's Ward, under Dr. Marcet.	Old Museum Book, No. 75. Case of Ann Burgess, æt. 52.	
2031	Kidney; containing small Abscesses, in which are numerous particles of Calculous matter.		Dr. Bright.
2032	Kidney, with Abscess opening into the Colon. From Mrs. Beasley, a patient of Dr. Cholmeley's, in Lydia's Ward.	Old Museum Book, No. 93.	
2033	Kidney; of which the tunic is much thickened, the pelvis dilated, the tubular part ulcerated and absorbed; the cortical part partially so, and communicating with an extensive Abscess in the Loins.	Old Museum Book, No. 233.	Mr. Davy's Collection. B. Harrison. Esq.
2034	Kidney, of which there is a partial destruction of the cortical part, by sloughing and suppuration. From a patient of C. A. Key, Esq. in Barnabas Ward, who died from fractured Vertebræ, which he survived several weeks. (See Prepⁿ. 1036, 2096, and Cast.)	4th Green Insp. Book, page 55. Case of Jas. Harlow.	
2035	Kidney, distorted by partial absorption of the external part, which appears to have been the effect of an old inflammation of the tunic, which is much thickened. There are some Cysts in the substance of the Kidney.	3d Green Insp. Book, page 75. Case of W. Roddick.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2036	Kidney, affected with the white mottling deposit described by Dr. Bright. From a Sailor, a patient of Dr. Cholmeley's, in Barnabas Ward. The patient was a young Man, affected with acute Dropsy, which appeared to have originated in cold caught in the Mediterranean: injected.	4th Green Insp. Book, page 114. Case of Ed. Morgan.	
2037	Section of Kidney, affected with the white mottling deposit: injected.	2d Green Insp. Book, page 28. Case of J. Salloway. See Dr. Bright's Work, Part I. page 12, plate 2.	
2038	Portion of Kidney, affected with the light-coloured mottling deposit described by Dr. Bright. The Arteries injected red; the Veins yellow. (See Prep^{n}. 2040.)	1st Green Insp. Book, page 125, and Dr. Bright's Work, Part I. page 26, plate 4. Case of Robert Izod.	
2039	Section of Kidney, affected with white mottling deposit. The Counterpart to N°. 2037: not injected.	2d Green Insp. Book, page 28. Case of J. Salloway. See Dr. Bright's Work, &c.	
2040	Section of Kidney, affected with the white or light-coloured mottling deposit described by Dr. Bright. (See Prep^{n}. 2038.)	1st Green Insp. Book, page 125. Case of Robert Izod. See Dr. Bright's Work, Part I. page 26, plate 4.	
2040^{A}	Two Kidneys, affected with the white mottling deposit described by Dr. Bright.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2041	Kidney; affected with the light-coloured deposit, which, in this instance, is pretty generally diffused through the substance of the organ, and produces a scabrous appearance on the surface. From a patient of Dr. Bright's, aged 40: injected.	Case of Eliz. Stewart. See Dr. Bright's Work, Part I. page 20, plate 3.	
2042	Kidney; affected with the white or light-coloured mottling deposit; forming a multitude of small collections, which appear like Miliary Tubercles or Granulations, on the uneven or scabrous surface of the organ; which, in this instance, was considerably indurated, but not enlarged: injected.		
2043	Kidneys, affected with mottling deposit, in the same state as in the preceding preparation: one of them contained defined Tubercles. From a patient of Dr. B. Babington's, who had Cysts in the Pancreas; he had coagulable Urine, but no Anasarca. (See Prep^{n}. 1991.)	4th Green Insp. Book, page 92. Case of —— Blush.	Dr. B. Babington.
2044	Kidney, with numerous small Cysts on the cortical part; erroneously called Hydatids.	Old Museum Book, No. 210.	Mr. Davy's Collection. —— B. Harrison. Esq.
2045	Kidney, with numerous but small cellular cavities dispersed through its substance: taken from an aged subject, by C. A. Key, Esq.		C. A. Key, Esq.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2045^{A}	Kidney, injected, and laid open; with numerous cells in its Glandular part, absorbed, or converted into fat.	Cat. XXXII. 7.	Brookes's Collection.
2046	Kidney, with numerous Cysts, some of which are of large size, imbedded in its substance, which is much absorbed, and projecting on its surface. From a young Man, between 20 and 30 years of age, who had been nearly all his life affected with Stone. The pelvis and ureter are much dilated. He was a patient of B. B. Cooper, Esq., and died shortly after operation. (See Bladder, N°. 2082.)	2d Green Insp. Book, page 68. Case of Edw. Price.	
2047	Kidney, with numerous Cysts imbedded in its substance; and reputed as Hydatids, but apparently without reason.	Old Museum Book, No. 249.	
2048	Section of a Kidney, somewhat enlarged, with a large Cyst imbedded in its cortical part, and distending the tunic.		
2049	Kidney, with a large imbedded Cyst; which has occasioned absorption of the cortical part. It has been erroneously considered as an Hydatid.	Old Museum Book, No. 139.	
2050	Section of Kidney, with Cysts in the cortical parts; which were filled with dark-brown grumous substance.		
2051	Kidney, with rather a large Cyst imbedded in its substance, and communicating with the Infundibula.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2052	Kidney of a patient of B. B. Cooper, Esq. who died from injury to the Lumbar Vertebræ, which led to Fungoïd disease of the part: immersed in rectified spirit of wine. (See Prep^{ns}. 1037, 1038, 1554^{A}, 2053, and 2093.)	4th Green Insp. Book, page 64. Case of Fred. Hunter, æt. 20.	
2053	Counterpart to the preceding; being the opposite Kidney, from the same patient: injected.	4th Green Insp. Book, page 64. Case of Fred. Hunter, æt. 20.	
2054	Kidney of a Child, enlarged, from Fungoïd disease: structure firm, with some spots of yellow: Infundibula dilated: Ureter impervious. Tubercles, from the same disease, were found in the Liver. (See Prep^{n}. 1923.)		Mr. Pearce, Deptford.
2055	Kidney; with a considerable portion of its substance indurated by Fungoïd or Scirrhous Deposit. From a patient who had a malignant Warty Ulcer on the Leg, and Scirrhous Deposit in the structure of the Heart. (See Prep^{ns}. 1248^{A}, 1399, and 1641.)		Mr. Clarke.
2056	Fungoïd Tubercles in the Kidney; apparently in a very recent stage. From a patient of J. Morgan, Esq. who had the same disease in the Breast, Liver, &c. (See Prep^{ns}. 1050 & 2318.)	2d Green Insp. Book, page 57. Case of E. Woodward.	
2056^{A}	Kidney, greatly enlarged by Fungoïd disease.		
2056^{B}	Section of Kidney, greatly enlarged by Fungoïd disease.		
2057	Kidney, enlarged, and containing large Fungoïd Tubercles in the stage of softening.	Old Museum Book. No. 167.	Mr. Davy's Collection. B. Harrison, Esq.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2058	Section of Kidney, greatly enlarged by Fungoïd disease: it contained numerous large broken-down Tumors; of some of which the Cysts are ossified: the Kidney was much larger than the portion preserved would lead one to suppose: the greater part was so softened as to render its preservation impossible; and the remainder is contracted by the spirit. It was taken from a Lady between 20 and 30 years of age. The tumor which it occasioned commenced when the patient was a girl; and was, at one time, thought to be Ovarian; at another time it was supposed to be in the Liver. A portion of Colon, preserved with the Kidney, has tubercles on, or immediately under, its mucous coat. There are Fungoïd Tubercles in a preserved portion of the Liver.	See E. C. May's account of the Case.	E.C.May, Esq. Tottenham.
2059	Kidney, with a large Fungoïd Tumor on its surface, subjacent to its tunic.		
2060	Kidney, with Fungoïd Tubercles subjacent to its tunic.		
2061	Kidney, with a large Fungoïd Tubercle immediately subjacent to its tunic, and deeply imbedded in its substance.		
2062	Enlarged Kidney, with Fungoïd and Melanoïd Tubercles, in different stages, subjacent to its tunic. (See Prep^{ns}. 1551, 1555, 1661, and 1937, from the same subject.)		Sir Astley Cooper.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(2.) *Pelves of Kidneys and Ureters.*		
2063	Pelvis of Kidney, filled with blood; from a patient who died March 7, 1807, in Accident Ward; having fallen into the hold of a ship, by which he fractured and displaced the fourth and fifth Cervical Vertebræ. The Fundus of the Bladder appeared inflamed: there was coagulated blood within the Bladder. (See Prepⁿ. 1031.)	Old Museum Book, No. 63. Case of Edw. Patrick, æt. 25.	
2064	Kidney of a Child, prodigiously enlarged by soft white matter filling up the Infundibula and Pelvis, and occasioning the absorption of the glandular structure. The Ureter small, and nearly impervious. (See Prepⁿ. 2065.)		Sir Astley Cooper.
2065	Greatly-enlarged Kidney of a Child: injected. Counterpart to 2064.		Sir Astley Cooper.
2066	Pelvis of Kidney, prodigiously dilated, and the glandular part of the organ completely absorbed.		
2067	Dilated Infundibula, Pelvis, and Ureter. The cortical part of the Kidney very much absorbed.		
2068	Enlarged Kidney; of which the Pelvis and Infundibula are very much dilated, and the glandular part much absorbed.	Green Insp. Book, page . Case of	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2069	Left Kidney, converted by dilatation of the Pelvis and Infundibula, and absorption of the glandular part, into a large sac, which was filled with puriform fluid. The Ureter is not obliterated: the Bladder contracted, and ulcerated internally. The tumor to which this Kidney had given rise had been considered Ovarian.	4th Green Insp. Book, page 117. Case of Mrs. Stephens.	Dr. Addison.
2070	Ureters, obstructed by Calculi; Pelvis of Kidney greatly dilated; substance of Kidney distended and absorbed with Abscess.	Old Museum Book, No. 257.	
2071	Kidney, with the upper part of the Ureter and the Pelvis greatly dilated, from Calculus lodged in the Ureter; the substance of the Kidney, to a considerable degree, absorbed. The patient had symptoms of Delirium Tremens, for which he was treated.	C. A. Key's Record of Inspections. Case of S. Bartlett.	
2072	Injected Kidney, with large Calculi lodged in the Pelvis; and dilated Infundibula.	Old Museum Book, No. 143.	
2072^A	Kidney, with Pelvis and Infundibula containing large Calculi; the glandular part absorbed, or converted into fat.	Cat. XLII. 7.	Brookes's Collection.
2073	Two Kidneys; one containing Calculi, the other small Cysts, dispersed through its substance.	Old Museum Book, No. 97.	
2073^A	Two Kidneys, with Calculi in the Infundibula and Pelves. The mucous membrane lining these cavities presents several large cauliflower-shaped Excrescences: the cortical part greatly absorbed, and containing several large Cysts.	Miscellaneous Insp. Book.	Dr. Babington, and Dr. Bright.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2073^{B}	Kidney, laid open, and shewing several large Calculi in its Infundibula and Pelvis. The membrane lining these cavities is much thickened; and there are several Tubercles, apparently Fungoïd, in the cortical part. Presented to J. Brookes, by — Semple, Esq.	Cat. xx. 7.	Brookes's Collection.
2074	Kidney, of which the Pelvis is nearly filled up by a large Calculus: a portion of the Kidney is absorbed; and its tunic is much distended by two or three large cysts.		G. W. Linton, Esq.
2075	Kidney, with slightly-dilated Pelvis, and dilated and ulcerated Infundibula. Calculus is lodged in the Pelvis and Ureter.	Old Museum Book, No. 258.	
2076	Kidney, with a Calculus lodged in its Pelvis.	Old Museum Book, No. 259.	Mr. La Serre.
2077	Kidney, with a Calculus imbedded in its Pelvis. The patient, aged 22, had fever two years before his death: this was succeeded by Chorea, which continued. He was admitted into the Hospital, fourteen days before his death, with painful and distended Abdomen, vomiting, and suppressed urine. Besides this preparation, there were found an ossific patch on the Pia Mater, Interlobular Emphysema of the Lungs, and Intussusception of the Ilium into the Cæcum. (See Prep^{ns}. 1585 and 1874.)	Old Museum Book, No. 9. Case of John Bailey, under Dr. Curry.	
2077^{A}	Small Kidney, with Cysts in its cortical part; and a Mulberry Calculus lodged in its Pelvis.	Green Insp. Book, page Case of	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2078	Kidney, with two Ureters; taken from a Child brought to the Dissecting Room. (See Bladder, with three Ureters, No. 2079.)		Mr. J. T. Vale.
2079	Bladder, with three Ureters; taken from a Child in the Dissecting Room. One of the Kidneys had two Ureters. (See Prep. 2078.)		Mr. J. T. Vale.
2079^A	Bladder, with three Ureters; two on the right side: stated, in Brookes's Catalogue, to have the Vas Deferens double on one side; but this appears not to be the case.	Cat. LXXVII. 6.	Brookes's Collection.
2079^B	Portion of a Ureter, much thickened, and considerably but unequally dilated: its internal surface very uneven.	Cat. XXXVIII. 7.	Brookes's Collection.
2080	Kidneys, Ureters, and Bladder; the first of small size, and the glandular part considerably absorbed: the Infundibula and Ureters much dilated, especially in the right side, on which the Ureter is very short. The Bladder appears tolerably healthy.	1st Green Insp. Book, page 33. Case of S. Collins.	
2081	Bladder, thickened, with numerous ulcerated Granulations on its Mucous Membrane. The Ureters and Pelvis of Kidney much dilated.		
2082	Thickened and ulcerated Bladder; from a young Man, many years affected with stone. The Ureters, but more particularly the right, very much dilated. Operation performed by B. B. Cooper, Esq. The patient died from Peritoneal inflammation. (See Kidney, N°. 2046.)	2d Green Insp. Book, page 68. Case of Ed. Price.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(3.) *Urinary Bladder.*		
2083	Bladder, of which the anterior part and the corresponding portion of the Abdominal Parietes are wanting: the Umbilicus is just above the opening. From a Male Fœtus.		J. Young, Esq.
2083A	Bladder, of which the anterior part and the corresponding portion of the Abdominal Parietes are wanting. The mucous surface on which the Ureters open is thick, granular, prominent, and discoloured: the Hymen imperforate. Presented to J. Brookes, by — North, Esq.	Cat. LXIII. 6.	Brookes's Collection.
2084	Bladder, of which the Muscular Coat is very much thickened: the Mucous Membrane but little, if at all, diseased; with somewhat enlarged Prostate, and Stricture of the Urethra at the Bulb. (See Prepns. 2025 and 2198.)	Old Museum Book, No. 154. Case of John White.	
2085	Bladder, of which the Muscular Coat is very much thickened: the Mucous Membrane corrugated, but pretty healthy; the Prostate somewhat enlarged.		
2086	Bladder, of which the Mucous Membrane is sacculated, from being protruded through meshes formed by the fibres of the muscular coat.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2087	Bladder, very much dilated, but not thickened: the Mucous Membrane much sacculated, and the Ureters greatly dilated. There appears to have been some degree of Stricture of the Urethra.		
2088	Uterus, Bladder, and one Kidney; from a patient of Dr. Bright's. Bladder thickened and sacculated, and Ureter dilated, from contracted Urethra; causing impediment to micturition. There are Peritoneal adhesions about the Uterus.	Green Insp. Book, page Case of	
2089	Bladder, of which the Muscular Coat is much thickened; the cavity contracted, but connected with two large pouches at its fundus; with Stricture of the Urethra.		
2090	Bladder, burst, from retention of urine: ulceration perforating it.	Old Museum Book, No. 234.	Mr. Davy's Collection. B. Harrison, Esq.
2091	Bladder, from a patient admitted Feb. 20, 1805, with delirium, flushed face, dry tongue, vomiting, and great abdominal pain and tension. There was extensive Peritonitis, uniting the Intestines. The Bladder adhered to the Abdominal Muscles: its Mucous Membrane was partially, but highly, inflamed. The preparation shews little of this.	Old Museum Book, No. 40. Case of B. Haggit, æt. 14.	
2091^A	Bladder of a Child, who died with Stone: the Muscular Coat and Mucous Membrane are thickened, and the latter is inflamed. (See Prep^n. 2160.)	6th Green Insp. Book, page 12. Case of S. Sanders.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2092	Bladder; on the Mucous Membrane of which are elevated discoloured granulations: it appeared inflamed, and contained Coagula. The patient presented symptoms attributed to Stone.	Old Museum Book, No. 252.	
2093	Bladder, of which the Mucous Membrane is diseased, from injury to the Spine: one of the bodies of the Vertebræ crushed: Fungoïd disease of the Spine and Kidneys supervened. Paralysis of the Bladder required the continued use of the Catheter. (See Prepns. 1037, 1038, 1554A, 2052, and 2053.)	4th Green Insp. Book, page 64. Case of F. Hunter.	
2094	Bladder, with granular and ulcerated Mucous Membrane.		
2095	Bladder, inflamed and perforated by Ulceration; and accompanied by a large Abscess opening into the Rectum. From a patient of C. A. Key, Esq., who had fracture of the Lumbar Vertebræ, which he survived a month. (See Prepn. 1035.)	1st Green Insp. Book, page 17. Case of J. Cochrane.	
2096	Ulcerated Bladder, from injury about the tenth Dorsal Vertebræ. From a patient of C. A. Key, Esq. in Barnabas Ward. He survived the accident several weeks. (See Prepns. 1036, 2034, and Cast.)	4th Green Insp. Book, page 55. Case of J. Harlow.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2097	Bladder, enlarged and thickened, its Mucous Membrane granular, and much ulcerated.		
2098	Bladder and Uterus, from a patient of Dr. Cholmeley's, examined by Messrs. Stocker and Wilson: the former is much thickened, its cavity contracted, and its Mucous Membrane ulcerated: the latter a little enlarged. A pedunculated Cyst attached to the Fimbriæ of one of the Fallopian Tubes.	Old Museum Book, No. 114.	
2099	Bladder, the Mucous Coat of which is extremely ragged, from general and deep ulceration. The middle lobe of the Prostate is much enlarged.		
2100	Bladder, of which the Mucous Coat appears inflamed; with a large Calculus closely impacted in its Fundus, and enlargement of the third lobe of the Prostate.		
2100^A	Bladder, considerably dilated, with some thickening of its Parietes: it contains a very large Calculus. One of the Vesiculæ Seminales enlarged.	Cat. LXXXII. 6.	Brookes's Collection.
2101	Bladder, enlarged, and somewhat thickened: its Mucous Membrane sacculated, extremely irregular, and extensively ulcerated, from Calculus. The patient was cut; but died eight years after, from the disease of the Bladder which remained after the operation.		Westminster Hospital.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2102	Bladder, Uterus, and Vagina, and external parts of a Female, in whom a Calculus, of the size and form of a duck's egg, had made its way, by an ulcerated opening from the Bladder, to the Vagina. The Calculus is in the possession of Mr. Tipple.		Mr. Tipple.
2103	Ulceration of the Mucous Coat of the Bladder, with Fungoïd disease. From a patient of C. A. Key, Esq.	1st Green Insp. Book, page 59. Case of Jos. Gifford.	
2104	Bladder, much enlarged, thickened, and ulcerated, with Fungoïd disease: one of the Ureters is greatly dilated: the absorbent glands in the neighbourhood are affected with the disease. The patient presented symptoms resembling those produced by Calculus.	See the Letter which accompanied the Preparation.	E.C.May, Esq. Tottenham.
2104^A^	Bladder, with numerous Fungoïd Excrescences, in the form of radiating branching filaments, growing from the Mucous Membrane.	Cat. LXVI. 6.	Brookes's Collection.
2104^B^	Bladder, with a large Fungoïd Excrescence similar to the preceding: there are a few much smaller, in an incipient stage. There was some sabulous matter in the Bladder: the Ureters were much enlarged. The patient had passed bloody urine, and presented symptoms of Stone.		F. Cooper, Esq.
2104^C^	Bladder, with Fungoïd Excrescences similar to the preceding.	Cat. LXV. 6.	Brookes's Collection.
2104^D^	Enlarged Bladder; of which the Mucous Membrane is thickened and villous; with numerous polypiform tumors, attached by very slender peduncles.		Sir Astley Cooper.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(4.) *Urinary Calculi.* Arranged according to the order adopted by Dr. Prout.		
2105	Lithic, or Uric Acid; as an amorphous deposit, or in very fine crystals.		Sir Astley Cooper.
2106	Lithic Acid, in the form of fine crystallized sand.		Sir Astley Cooper.
2107	Lithic Acid, in the form of small Calculi or Gravel, passed through the Urethra.		Sir Astley Cooper.
2108	Nine specimens of Lithic Acid, passed by the Urethra; two in 1824; the others in January, March, April, May, June, and July, 1825. They exhibit a gradual increase in size; from sand, to the magnitude of large peas.		Sir Astley Cooper.
2109	Lithic Acid, in the form both of sand and gravel.		C. A. Key, Esq.
2110	Urinary Gravel; probably, for the most part, consisting of Lithic Acid, but accompanied by some of the Phosphates.		
2111	Gravel, passed at one time, and considered by Dr. Curry to be Nephritic, appearing to consist of Lithic Acid. The patient was labouring under Scorbutus and general Dropsy; and was cured by a course of mercury.	Old Museum Book, No. 57.	Dr. Curry.
2112	Small Lithic-Acid Calculus.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2113	Section of Lithic-Acid Calculus, of a remarkably round figure: it weighed 5 dr. 9 gr.: the crystalline form predominates: the centre far from compact. Analyzed by Dr. B. Babington.		
2114	Section of Lithic-Acid Calculus, which weighed 3 oz. 1 dr. 31 gr., and in which the crystalline form predominates. Analyzed by Dr. B. Babington.	Removed successfully from W. Walker, æt. 56, by R. Lambert, Newcastle.	C.A.Key, Esq.
2115	Section of large Lithic Acid Calculus. The corresponding section is noticed and figured in Dr. Marcet's Work.		
2116	Section of Lithic-Acid Calculus, of a light colour and loose texture.		
2117	Section of small and very circular Lithic-Acid Calculus, formed of numerous very thin concentric layers, in which the crystalline form predominates; found in the Bladder, after death. The patient died with Typhoïd symptoms. His illness commenced from the time that he was informed that he had still a small calculus in the Bladder, after one had been removed by the Forceps.		C.A.Key, Esq.
2118	Sections of small circular Lithic-Acid Calculus.		C.A.Key, Esq.
2119	Two sections of Lithic Acid Calculus, of considerable size, and an elongated figure; the central part compact, and consisting of amorphous deposit: the outer part crystalline.—The nucleus of this calculus, a small portion of lithic-acid gravel, is situated very near to one extremity of the calculus.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2120	Section of Lithic-Acid Calculus, the layers of which are by no means compact, and present a singular arrangement, inducing the idea of there having been two nuclei.		
2121	Section of Lithic-Acid Calculus; removed by B. B. Cooper, Esq. The central part compact, and consisting of amorphous deposit; the outer part highly crystalline.		
2122	Section of large Lithic-Acid Calculus, of a light colour, and very spongy texture: weight, 428 gr. Removed from M. Wilmore, æt. 50, by B. B. Cooper, Esq.		
2123	Sections of two Lithic-Acid Calculi; the one weighing 2 oz. 1 dr. 45 gr.; the other, 1 oz. 6 dr. 29 gr. Analyzed by Dr. B. Babington.		
2124	Section of Lithic-Acid Calculus.		C.A. Key, Esq.
2125	Section of a very compact and Mammillated Calculus; very much like the Mulberry Calculus, but composed of Lithic Acid: weight 258 gr. Removed, by B. B. Cooper, Esq., from G. Vincent, æt. 14. Analyzed by Dr. B. Babington.		
2126	Section of Lithic-Acid Calculus.		
2127	Section of Lithic-Acid Calculus, weighing 2 dr. Removed from Stephen Pollard, æt. 50, by B. B. Cooper, Esq. March 19, 1828.	5th Green Insp. Book, page 152.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2128	Section of Lithic-Acid Calculus: weight, 308½ gr. Nucleus compact; the greater part crystallized. Removed by C. A. Key, Esq. Analyzed by Dr. B. Babington.		
2129	Section of Lithic-Acid Calculus.		
2130	Section of Lithic-Acid Calculus: weight, 78 gr.: the nucleus is of a darkish colour, but the greater part of the calculus has a slight greenish tinge. Removed by C.A. Key, Esq. Analyzed by Dr. B. Babington.		
2131	Sections of Lithic-Acid Calculi; the one weighing 207 gr., and the other 178 gr. The figure is remarkably irregular, and covered with very minute crystals; their centres hollow and fissured; but their substance generally compact, and of a lightish colour. Removed by Sir Astley Cooper. Analyzed by Dr. B. Babington.		John Morgan, Esq.
2132	Section of small Lithic-Acid Calculus, of a remarkably light, nearly white, colour. Analyzed by Dr. B. Babington.		
2133	Section of small light-coloured Lithic-Acid Calculus; weight, 18 gr.; of irregular figure and loose texture. (Seems to bear some resemblance to N°. 2131.) Analyzed by Dr. B. Babington.		
2134	Sections of Lithic-Acid Calculi, of a light colour.		
2135	Fragments of a very irregular Calculus, composed of Lithic Acid, and weighing 161 gr. Removed, by B. B. Cooper, Esq., from —— Pullenger, æt. 78.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2136	Large Lithic-Acid Calculi, from the Pelvis and Infundibula of a Kidney. They have taken the impression of, and appear to have filled, the cavity in which they were found.		
2137	Fragments, composed of Lithate of Soda.		Dr. Wollaston, 1825.
2138	Two Sections of a large Oxalate of Lime, or Mulberry Calculus, of a cuboïd figure. The nucleus, and most of the surrounding layers, oval: weight, 3 oz. 6 dr. 2 gr. Removed from Joseph Attrey, June 30, 1806.		
2139	Oxalate of Lime Calculus, from the Pelvis of the Kidney and commencement of the Ureter, and three of smaller size, from the Infundibula of the Kidney of an elderly Man of intemperate habits.	6th Green Insp. Book, page 35. Case of a private Patient.	Dr. Addison.
2140	Section of Oxalate of Lime, or Mulberry Calculus; weighing 244 gr. Analyzed by Dr. B. Babington.		
2141	Small Mulberry Calculus; removed, by C. A. Key, Esq., from J. Hand. It exhibits from the round to the somewhat cubical figure.		
2142	Small Mulberry Calculus; extracted from the Bladder, with Sir Astley Cooper's Forceps, by C. A. Key, Esq.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2143	Section of a large Oval Cystic Oxyd Calculus; noticed by Dr. Wollaston in his Paper, and figured by Dr. Marcet in his Work. Removed, by operation, from Mr. Burkit, by —— Young, Esq.		Z. Newington, Esq.
2144	Three small Cystic Oxyd Calculi, beautifully crystallized externally. They were voided from the left Kidney, by Mr. Burkit, a patient of Mr. Newington's.—The case is described in Dr. Marcet's Work.		Z. Newington, Esq.
2145	Six small Cystic Oxyd Calculi, resembling the preceding, and very beautifully crystallized; subsequently voided by Mr. Burkit from the left Kidney.		Z. Newington, Esq.
2145^A	Cystic Oxyd Calculus, from the right Kidney: voided by Mr. Burkit, Feb. 5, 1828.		C. A. Key, Esq.
			Sir Astley Cooper.
2146	A portion of Gum-elastic Catheter, on which a thin and partial Calculus Deposit has been formed. The deposit is of a light colour, and probably consists of one of the Phosphates.		
2147	Female Catheter; the extremity of which is covered by a pretty thick coating of triple Phosphate; acquired in 14 days.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2148	Two Calculi, composed of Phosphate of Lime; the one large, the other small. The latter has a smooth polished convex surface, fitted by attrition to a corresponding smooth concave surface on the former: weight, $257\frac{3}{16}$ gr. Removed by Sir Astley Cooper. Analyzed by Dr. B. Babington:		
2149	Two Calculi, composed of Phosphate of Lime: the one 138 gr. the other 97. Removed by B. B. Cooper, Esq. from W. Gray, æt. 54.		
2150	Section of a small light-coloured Calculus, composed of Phosphate of Lime. It has a spongy cancellated structure. Analyzed by Dr. B. Babington. "This is unlike any Calculus I have seen: it seems to be a bony concretion, and not a deposition."—*Dr. B. Babington.*		
2151	Small Fragments of a light-coloured Calculus; which appears to be Phosphate of Lime.		
2152	Section of a large triple Phosphate Calculus, of an elongated oval figure. —Nucleus, a piece of tobacco-pipe.		Mr. Goodwin, Derby.
2153	Triple Phosphate Calculus, covered with minute bright Crystals. Removed by C. A. Key, Esq.		
2154	Section of triple Phosphate Calculus, weight 205 gr. Removed by C. A. Key, Esq. Analyzed by Dr. B. Babington.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2155	Calculus, of considerable size, of an irregular figure, and light colour; supposed to be triple Phosphate.		
2155A	Fusible Calculus matter, in a furfuraceous form, deposited in 24 hours: weight, 7 dr. 37 gr. From a Lady about 36 years of age.		B. B. Cooper, Esq.
2156	Sections of two Fusible Calculi; having smooth worn corresponding convex and concave surfaces: weight, 4 dr. 52 gr. Removed by Sir Astley Cooper. Analyzed by Dr. B. Babington.		
2157	Section of Fusible Calculus: weight, 90 grs. Removed by C. A. Key, Esq.		
2158	Fragments of three Calculi, composed of the Fusible Phosphate, with some layers of Phosphate of Lime: they appeared to be lodged in the Prostate, and were removed by C. A. Key, Esq. They weighed 1281 gr. and were fitted together by smooth curved surfaces. Analyzed by Dr. B. Babington.		
2159	Section of Fusible Calculus: weight 5 dr. 9 gr.: a part of it is faintly tinged with pink. Removed, by C. A. Key, Esq., from a Child 4 years of age. Analyzed by Dr. B. Babington. This patient had passed a small elongated light-pink translucent calculus; which, after some weeks, completely deliquesced. It was proved, by Dr. Prout, to consist of Purpuric Acid.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2160	Two Sections of a Fusible Calculus, of very spongy texture: removed from the body of a Child about 17 months old, who died in Lydia's Ward, a patient of T. Callaway, Esq.—It has a partial and very faint pink tinge. (See Prep^{n}. 2091 .)	6th Green Insp. Book, page 12. Case of S. Sanders.	T. Callaway, Esq.
2161	Section of Fusible Calculus: weight 40½ gr. Removed by C. A. Key, Esq.		
2162	Section of Fragments of a Fusible Calculus, with Crystals of triple Phosphate: weight, 6 dr. 56 gr. Analyzed by Dr. B. Babington.		
2163	Section of a very irregularly-shaped Fusible Calculus: weight, 3 dr. 43 gr. Removed by Sir Astley Cooper.		
2164	Section of a Fusible Calculus, with a coating of triple Phosphate: weight, 143 gr. Removed by C. A. Key, Esq. —This calculus bears the impression of the neck of the Bladder. The patient, a Boy, was frequently troubled with retention of urine.		
2165	Section of a Calculus: the greater part Oxalate of Lime, with a nucleus of Lithic Acid.		
2166	Two Sections of a Calculus: the greater part Oxalate of Lime, with a nucleus of Lithic Acid: weight, 365 gr. Removed by C. A. Key, Esq. Analyzed by Dr. B. Babington.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2167	Section of a Calculus, of considerable size: nucleus, Lithic Acid: exterior, Oxalate of Lime: the intervening portion composed of numerous thin alternate layers of Lithic Acid and Oxalate of Lime.		
2168	Section of a Calculus, with a small nucleus of Lithic Acid; covered by a thin layer of Oxalate of Lime; followed by Lithic Acid, which composed the greater part of the calculus. Removed by C. A. Key, Esq.		
2169	Section of a Calculus, weighing 390 gr. Removed, by B. B. Cooper, Esq., from T. Short, æt. 15. Small nucleus of Lithic Acid; upon which is deposited a considerable quantity of Oxalate of Lime, succeeded by Lithic Acid, and a few very thin layers of the Oxalate.		
2170	Section of a Calculus, weighing 587 gr. Removed by B. B. Cooper, Esq. Nucleus, Lithic Acid, succeeded by Oxalate of Lime, followed by a thick deposition of compact Lithic Acid. Analyzed by Dr. B. Babington.		
2171	Section of a Calculus of considerable size. The nucleus appears to be Lithic Acid, followed by Oxalate of Lime, upon which is a dark, very compact lamellated deposit of Lithic Acid. Removed by Sir Astley Cooper.		
2172	Section of Calculus; with nucleus of Lithic Acid, succeeded by Oxalate of Lime, followed by a thick external deposit of Lithic Acid.		

Nº.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2173	Section of a Calculus; of which the central part is Lithic Acid, of a light colour, and very loose texture; with a thin coating of mulberry calculus.		
2174	Section of a Calculus, composed chiefly of Lithic Acid; with a nucleus of Oxalate of Lime.		
2175	Section of a large Calculus, composed chiefly of Lithic Acid; with a nucleus of Oxalate of Lime: there is, perhaps, a little Lithic Acid in the centre of the nucleus: weight, 518 gr. Removed by C. A. Key, Esq.		
2176	Section of a Calculus; of which the greater part is Phosphate of Lime; with a nucleus of Lithic Acid.		
2177	Section of a small Calculus, of triple Phosphate; with a nucleus of Lithic Acid. From a Boy, 4 years of age. Removed by C. A. Key, Esq.		
2178	Section of a Calculus, composed of Lithic Acid; with a coating of triple Phosphate: weight, 118 gr. Removed by C. A. Key, Esq. Analyzed by Dr. B. Babington.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2179	Section of a Calculus, weighing 90 gr. Nucleus, Lithic Acid: exterior, fusible calculus. Analyzed by Dr. B. Babington.		
2180	Section of a Calculus, weighing 888 gr. The inner and greater part of this calculus composed of Lithic Acid of loose texture: the outer part, fusible calculus. Removed by C. A. Key, Esq.		
2181	Section of a large elongated Calculus, composed chiefly of the fusible Phosphate; with a nucleus of Lithic Acid.		
2182	Section of a small Calculus, composed of fusible Phosphate; with Lithic-Acid nucleus. Removed by C. A. Key, Esq.		
2183	Section of a small compact fusible Calculus; with a Lithic-Acid nucleus.		
2184	Section of a Calculus, weighing 1848 gr.: composed, internally, of Lithic Acid of loose texture, followed by a thin layer of Phosphate; with a thick outer part of compact Lithic Acid. Removed by C. A. Key, Esq.		
2185	Section of an alternating Calculus; composed of Lithic Acid and triple Phosphate.		
2186	Section of a Calculus, composed chiefly of Lithic Acid; which is separated into numerous layers, by very thin intermediate deposits of Phosphates. Removed, by C. A. Key, Esq., from a Boy, two years and four months old.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2187	Section of a Calculus, of considerable size; composed chiefly of Lithic Acid, separated by very thin layers of triple Phosphate, and coated with fusible matter. Removed by Sir Astley Cooper.		
2188	Section of a large Calculus, having a large nucleus of Oxalate of Lime, coated by fusible matter. Removed from John Holland, aged 8 years, Oct. 25, 1776.		
2189	Section of an alternating Calculus, composed of layers of Oxalate of Lime and fusible matter: the former constitutes the nucleus.		
2190	Section of a Calculus, composed of alternate layers of Oxalate of Lime and triple Phosphate: the former predominates internally, the latter towards the surface. Removed by C. A. Key, Esq.		
2191	Section of a Calculus, composed of Oxalate of Lime and triple Phosphate; the former predominating internally, the latter externally.		
2192	Section of a Calculus, composed internally of Lithic Acid, followed by the fusible, and coated by mulberry calculus; firmly granulated, and remarkably polished.		Mr. Blizard.

No.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2193	Section of a Calculus, weighing 518 gr.; composed principally of crystallized compact Lithic Acid. It has a nucleus of Oxalate of Lime, and a thin coating of Phosphates. Removed by C. A. Key, Esq. Analyzed by Dr. B. Babington.		
2194	Section of a Calculus, composed chiefly of Lithic Acid. Not far from the centre there is a thin layer of Oxalate of Lime, and a thin external one of triple Phosphate. Removed by C. A. Key, Esq. Analyzed by Dr. Dowler.		
2195	Section of a Calculus; having a nucleus of Lithic Acid, succeeded by a deposition of Oxalate of Lime, and coated with fusible matter.		
2196	Section of a Calculus; having a nucleus of Lithic Acid, succeeded by Oxalate of Lime; upon which there is a deposit of Lithic Acid: external to this, there are numerous thin layers of Phosphate of Lime and Lithic Acid, in which the former predominates.		
2197	Section of a Calculus; having a nucleus of Oxalate of Lime, followed by alternate layers of Lithic Acid and the Phosphates.		

Nº.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2198	Section of an alternating Calculus, weighing $913\frac{1}{2}$ gr.: nucleus, Lithic Acid; inner dark layers, Oxalate of Lime; powdery layers, fusible calculus; smooth dark layer, Phosphate of Lime; white crystallized coat, triple Phosphate. Removed by Sir Astley Cooper. Analyzed by Dr. B. Babington. (See Prep^{ns}. 2025 and 2084.)	Old Museum Book, No. 67. Case of John White.	
2199	Section of a Calculus; having a nucleus of Lithic Acid, and covered by alternate layers of Oxalate and Phosphate of Lime; with a thick external coating of Phosphate of Lime.		
2200	Section of a Calculus; having a nucleus of Lithic Acid, followed by alternate layers of Oxalate of Lime and the Phosphates, in which the former predominates; and coated with the fusible calculus.		
2201	Section of a Calculus; having a considerable nucleus of Lithic Acid, followed by alternate layers of Oxalate of Lime and the Phosphates, in which the former greatly predominates; and coated with fusible calculus.		
2202	Section of a Calculus, weighing 7 dr. 1 scr.: composed chiefly of Lithic Acid. It has a nucleus and thin covering of Oxalate of Lime: beneath the coating there is a deposit of triple Phosphate, and a very minute quantity of the same deposit appears to exist between the layers of Lithic Acid. Removed, by C. A. Key, Esq., from a Young Woman who had laboured 10 years under the complaint. Analyzed by Dr. B. Babington.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2203	Section of a compound Calculus; consisting of Oxalate of Lime, with an admixture of Lithic Acid: some of the layers appear to consist almost entirely of the latter. Removed by C. A. Key, Esq. Analyzed by Dr. B. Babington.		
2204	Section of a Compound Calculus; consisting of Lithic Acid and Oxalate of Lime.		
2205	Section of a Compound Calculus; consisting of Lithic Acid and Oxalate of Lime, on a nucleus of Lithic Acid.		
2206	Section of a Compound Calculus; composed of a mixture of Oxalate of Lime and Lithic Acid, on a nucleus of Lithic Acid.		
2207	Section of a Compound Calculus; consisting of a mixture of Lithic Acid and triple Phosphate, on a nucleus of Lithic Acid. Removed by C. A. Key, Esq. Analyzed by Dr. Dowler.		
2208	Section of a Compound Calculus; consisting of impure Oxalate of Lime, on a nucleus of Lithic Acid.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2209	Section of a Calculus; the extreme nucleus of which is Lithic Acid; exterior to which, is a mixture of Lithic Acid and Oxalate of Lime; then a thin layer of Oxalate of Lime, followed by several compact layers of Lithic Acid, and surrounded by a thin coating of fusible matter. Removed by C. A. Key, Esq. Analyzed by Dr. Dowler.		
2210	Section of a large Compound Calculus; having a nucleus of Oxalate of Lime, followed by a loose and friable layer of urine and blood, with a thick and compact exterior of Lithic Acid. Removed by Sir Astley Cooper. The patient had laboured under symptoms of calculus 40 years.		
2211	Section of a Calculus, composed of triple Phosphate, coloured by an admixture of Lithic Acid: it fuses before the blowpipe. Removed by C.A.Key, Esq. Analyzed by Dr. Dowler.		
2212	Section of a Calculus, weighing 94 gr.; composed chiefly of triple Phosphate, but having numerous layers, coloured by Purpuric Acid. Removed, by B. B. Cooper, Esq., from W. Pemble, æt. 3 years and 5 months.		
2213	One hundred and forty-two Calculi, of various sizes, and mostly of a cubical figure. Removed, by Sir Astley Cooper, from Mr. R. Allies of Worcester, Nov. 11, 1811. They are supposed to consist of Lithate of Ammonia. The patient had afterwards another calculus, which, on examination, proved to be of a different kind from these.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2214	Calculus, weighing 3 oz. 5 dr.; circumference 7¾ inches and 5¼ inches. Removed from the Meatus Urinarius of a Female, by Mr. Watson of Stourport. It appears, externally, to be composed of Lithic Acid.		Dr. Burne.
2215	Calculus, nearly as large as a hen's egg; voided through the Meatus Urinarius, by a patient of Mr. Girand of Feversham.		Mr. Girand, Feversham.
2216	Nine Calculi, of a rounded figure, and nearly as large as pigeon's eggs: removed, after death, from the Bladder of John Groome, of Ipswich, æt. 53, by Mr. Hingston, in the presence of Dr. Palgrave, Dr. Meadows, and Mr. W. Clarke, Sept. 8, 1736.		
2217	Calculus, weighing 9 oz.: removed, successfully, by the lateral operation, by Sir Astley Cooper.		
2218	Calculus, of a somewhat flattened figure, weighing 16 oz.: removed by Sir A. Cooper, by the lateral operation. It resisted all attempts to break it. The patient afterwards sunk.		
2219	Cast of a Calculus, weighing 13 oz., of a more spherical figure than the preceding. It broke, and was removed in fragments, some of which were of large size, by Mr. Mayo of Winchester. The patient recovered.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2220	Calculus of the size of a large filbert; extracted, through the Urethra, from Sir W. Bellingham, by Sir A. Cooper. Also five Calculi, of the size of small nuts, extracted, in the same manner, by Sir A. Cooper, from the bladder of the Rev. Mr. Buller.		
2220A	Sections of two small Lithic-Acid Calculi, found, after death, in the Bladder of Sir W. Bellingham.		Sir Astley Cooper.
2221	Numerous small fragments of Bone, exhibited as Urinary Calculi, for the purpose of exciting charity.		

OBSERVATIONS ON SECTION VIII.

OF PART II.

The appearances, both Physiological and Pathological, presented by the different organs comprised in this Section are, for various reasons, extremely interesting and important. With reference to Physiology, Obstetric Practice, and more especially Legal Medicine, they deserve the most attentive and careful study. The present would not be the most suitable occasion to attempt the development of this subject; but the Student will probably find it an advantage to be furnished with the outlines of the course to be pursued in the consideration of some of them. It is certain, that, in the whole system which constitutes the Female Generative apparatus, there is no other organ equally essential and important with the Ovary. With it the Eighth Section commences. The Ovary, however, itself exhibits a complicated structure, of which the Vesicles of De Graaf appear to constitute the most important part. These are surrounded by a structure which appears to be little more than a modification of Cellular Membrane; and the whole is enclosed in a capsule, which may be divided into, at least, two parts: the first, thick, opaque, and proper to the organ, appears to bear a close resemblance to the Tunica Albuginea of the Testes; and the second is merely that part of the Peritoneum which passes over it. The Vesicles of De Graaf alone exhibit a considerable number of morbid appearances: but we must not be misled by this circumstance, to refer all the forms of Cyst, which we may meet with in and about the Ovary, to these Vesicles. Besides the Vesicles and Encysted Tumors, to which such an origin may be properly ascribed, we find simple and compound Serous Cysts, which constitute the most frequent form of Ovarian Dropsy, and afford the type of a very interesting class of adventitious structures. These cysts, there is reason to suppose, take their origin either in the cellular structure, by which the Vesicles of De Graaf are surrounded, or, in some instances, in the Cellular Membrane in the near neighbourhood of the Ovary, rather than within its capsule. Cases regarded as Ovarian Dropsy have occasionally depended on true Hydatids, or Vesicular Worms; and it is not easy to say whether they commence within the organ, or in its immediate neighbourhood. Very small cysts or vesicles, to which little or no pathological importance need be attributed, are occasionally found on the surface of the Ovary, and appear to be situated between the Peritoneal and the proper coat of the organ. Cysts of a very remarkable character, containing hair, teeth, bones, and fat, are also found in the Ovary. Though rare even in this organ, such cysts are by no means confined to the Ovaries. These remarkable productions have led to a variety of opinions among Physiologists. As Meckel remarks — Hairs are much more frequently met with than teeth: the former, he says, are developed in fat, and the latter in cysts containing a gelatinous matter. The function of the Ovary, the organ in which these cysts are principally found, the time of life at which their development most frequently takes place, and the fact that it has, in many instances, been preceded by sexual connection, together with cases of acknowledged Ovarian pregnancy, have induced many Pathologists to regard these collections as the remains of Fœtuses which had been formed in the Ovary. To this hypothesis Meckel objects, that the form, character, and material of these collections often differ widely from the structure of the Fœtus: and the remarkable fact, that hair, teeth, and bones are almost the only parts thus met with—whereas, in all those cases in which a Fœtus has undoubtedly been retained in the body of the mother, all the parts are long preserved—appears strongly to indicate, that if the act of generation had been necessary for the formation of these Tumors, it had certainly failed to produce a Fœtus, and merely effected the development of the parts actually found. On these grounds he rejects the hypothesis, as inadmissible.

If it be granted, that, in many cases, the production not only of the more nearly perfect, but of all the anomalous formations which are met with in the Ovary may be the result of a coïtus, which, from age, disease, or other source of incongruity, had failed to give existence to a perfect individual; yet it cannot be admitted that the act of generation is absolutely essential; since they are met with in the Ovaries of very young Girls whose organs are in the most inviolate state, and also in other parts of the body, not only in Females, but even in Males. If they are more common and exhibit a higher degree of organization in the Ovary than in other organs, it is because the plastic activity is there peculiarly great; and we must not conclude that sexual union has necessarily preceded them, and still less that they are the remains of a destroyed Ovarian Fœtus. Similar opinions to those of Meckel have also been taught by others. Blumenbach attributes them to a spontaneous effort of his *Nisus formativus.* Dr. Baillie remarks, that the Ovaria are sometimes converted into a fatty substance, intermixed with long hair and teeth, which is surrounded by a capsule consisting of a strong white membrane. The hairs are most of them loose in the fatty substance; but many of them adhere to the inside of the capsule, and are sometimes connected with an irregular mass of bone. These formations in the Ovaria are commonly about the size of a large orange. Such productions, he adds, are considered as very imperfect ova, the consequence of impregnation; but that there is good reason to believe that they can take place without any intercourse between the sexes. He has carefully described a case of this kind, which occurred in a Girl, in whom there was not merely the evidence of the most perfect virginity, but also total absence of all the signs of puberty. Another instance, related by the

Doctor, occurred in an adult but young Woman, also manifestly a virgin. In this case, as well as in that of Mary Cadmore, referred to in the Catalogue, there was not only no decidua in the cavity of the Uterus, but the organ was preternaturally small. Ruysh mentions a somewhat similar mass, which was said to be found in the stomach of a man: and Professor Coleman has described a Tumor found in the Abdomen of a Gelding, in which two molar teeth of the horse, possessing the regular arrangement of bony matter and enamel, were attached to the interior of the cyst; also one incisor tooth of the same animal attached to a portion of bone resembling the jaw, and a quantity of fat with some black hair, in a separate cyst.

The opinion of Haller is at variance with that of the Authors just cited; and this great authority must be placed on the side of those who ascribe the appearance in question to the remains of a regular Fœtus. Coley attributes them to incomplete impregnation. Velpeau, who has recently written a Memoir on this subject, is inclined to concur in the opinion of Haller. He does not, however, consider it applicable to some of the simpler examples. From the analogy of structure observable between some of these and the common integuments with their appendages, he is inclined to think that they should be classed with adventitious formations of a similar description, which are occasionally met with on the Tongue, in the Throat, in the Biliary and Urinary Bladder, &c.

Professor Blainville readily admits that these productions are such as belong to the cutaneous system; but he rejects the opinion of Velpeau, since no prolongation of the skin can be traced either to the Ovary or its ligaments, in which situations these anomalous formations are occasionally met with.

He proposes the following distinctions; and divides all these formations into *Two Classes.*

The *First Class* he makes to consist of such of these growths as are found in Males and Females too young to admit of the slightest idea that conception could have taken place. He thinks that they can only be explained by considering them as the result of a Twin Conception. In the *Second Class* he comprehends all those cases in which the individuals offering these anomalies have been Females of an age at which conception might have taken place. Of these he makes *Three Subdivisions.* The *first* comprises those which occur in the Peritoneal Cavity, either adhering to the Ovary, its ligaments, or to the Peritoneum. These he regards as nothing else than an extra-Uterine development of a Fœtus, either complete or imperfect. In the *second* subdivision he places those which are found in cavities having direct communication with the Integuments; as, the Uterus, the Fallopian Tubes, and the Intestinal Canal. To these the theory of Velpeau may be applicable; but he thinks it needless to have recourse to it, except with regard to those of the Intestinal Canal: the others he rather attributes to conception. To the *third* subdivision belong those which are imbedded in the Parenchymatous structure of organs. He remarks, that if there are any well-authenticated examples of this kind, without any unusual distribution of the integuments to account for them, such cases must be referred to the *Nisus formativus* of Blumenbach.

Though cases have probably occurred, in degree, to justify most of the speculations which have now been mentioned, it seems probable that some of them can admit of only very limited application.

It is not impossible that Twin Conception may take place in such a manner, that the rudiments of one Fœtus may be enveloped in those of another. Not only is the idea supported by the analogy with some of the inferior orders of animals; but instances, like that of which the Preparation is preserved in the Museum of the Royal College of Surgeons, and which exhibits a considerable portion of a Fœtus*, would almost defy any other explanation. Yet it is difficult to unite with Professor Blainville in his opinion, that most, if not all, the instances of Tumors of the description here spoken of, when discovered in Males and very young Females, are to be ascribed to this origin. The different component parts are, in some cases, such as do not belong to the Fœtus. I have seen several molar teeth thus produced, which resembled those of the second dentition. In some cases, the anomalous formation differs, in structure or arrangement, both from that of the Fœtus and the Adult. For example, the hair is occasionally long and coarse, and the teeth implanted without order, in flat bones, or even in the soft parts. Whilst the supposition of a Twin Conception appears to be inadmissible in such cases, it is equally clear, from the evidence adduced, that they are independent of subsequent conception. The partial destruction of the Hymen, in the case of Mary Cadmore, and the appearance of Carunculæ Myrtiformes, might be the result of accident; and are insufficient to set aside the admission of the patient's virginity, which her character, as borne testimony to by different individuals, and the state of the other parts, but particularly of the Uterus, tended strongly to confirm.

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* No. 2821 is a Cast from the Preparation alluded to.

The minute points on the exterior of the detached body (see Preparation 2234) accompanying the mass of fat and hairs must be considered as having been the seat of the bulbs by which the hairs were produced, but which probably became detached when the body lost its vitality. The Editor has observed a similar appearance in another Tumor of this kind which contained hair and fat; and he suspects that it may generally be found where hairs are present; for he cannot agree with Meckel, that they are formed in the fat. The Membranous Cysts or Pouches, and the Bony Canal (Preparation 2235), are peculiarities in the case alluded to.

The occurrence of anomalous formations of the kind above described are regarded by some as mere isolated objects of curiosity, the examination of which can lead to no practical good, and furnish little scientific interest. Others are of a different opinion; and view them as valuable physiological experiments, made for us by Nature herself, and calculated to throw some light on phænomena the most obscure, and, at the same time, the most stupendous.

Meckel, Oken, and Geoffroy St. Hilaire, have done much for the investigation of the laws of Formation, by their researches respecting both the Normal and the Anomalous development of the Fœtus. In cases of the kind now before us, the organism may be examined in a still more elementary form; and some assistance may perhaps be gained, towards ascertaining how far each sex contributes to the production of a new individual.

While we see the Ovary of the Mammiferous Female producing an oleaginous matter like those of the Turtle and some other reptiles, and are thus tempted into the wide range of analogies; on the other hand, we cannot but be struck with the remarkable fact, that even in these anomalous formations, in which neither vascular nor nervous system can be detected, the parts produced are almost exclusively confined to such as belong to the same species of animal as the individual in which they are formed. In the Human subject, the teeth produced in these cysts are such as belong to Man: in the Horse, they have the same complicated structure which is exhibited in his.

The proper capsule of the Ovary presents a variety of appearances which do not appear to have been much attended to; yet it can hardly be doubted that they afford indications of considerable interest, with reference to the function to which this organ is subservient. Thus, when a Vesicle of De Graaf has escaped from the Ovary, it is obvious that this coat must have been perforated; and the cicatrix so produced is one of the evidences of the fact. It must not however be supposed that the existence of one or more cicatrices in the capsule of an Ovary is, by any means, a decisive proof that the individual in whom they were found had been the subject of impregnation. It is well known, that, independently of this act, and even in the virgin state, such a destruction of one or more Vesicles of De Graaf may take place, as to lead to the production of a similar number of what have been called spurious Corpora Lutea, which the experienced eye will be able to distinguish from the genuine, more especially if the latter be recent. In correspondence with this fact relating to the Vesicles of De Graaf, we may have an analogous variety in the cicatrices observable in the capsule. At the same time, it must also be stated, that an appearance closely resembling the cicatrices in question may be produced even without the escape or destruction of a vesicle. It appears that these bodies are the subject of increased growth and development, by which, in succession, they become fitted for fecundation; and that one of the effects of this development is the absorption of the corresponding part of the capsule, and an apparent loss of continuity, before the Peritoneal coat has given way to the escape of the vesicle. From causes which it is not easy to ascertain, the proper capsule of the Ovary is liable to become preternaturally thick and irregular; but, at other times, its irregularity is manifestly dependent on morbid changes which take place in the Vesicles of De Graaf, the description of which the Author has reserved for another time and place.

One of the most frequent morbid appearances presented by the Fallopian Tubes is a preternatural adhesion of their fimbriated extremities to the Ovaries. This state is so frequently met with in those miserable beings who have been abandoned to vicious and disorderly habits, that it can scarcely be doubted that it is occasioned by excessive sexual intercourse. Amongst the Preparations in this part of the Collection are several specimens of greatly dilated Fallopian Tubes; a state which is probably, at times, the result of inflammation of the mucous lining. Two or three specimens of Serous Cysts, developed in the Parietes of the Fallopian Tubes, but not communicating with their interior, are worthy of observation, as shewing that Incysted Dropsy in this part of the Abdomen is by no means universally Ovarian.

Amongst the Preparations of the Uterus are several specimens which exhibit the extensive ravages of Carcinomatous Ulceration originating in the Os Tincæ; and many examples of Scirrhous Tubercles, developed in the parietes of the organ, and, in some instances, producing a prodigious increase of size. It will be observed, that these Tubercles often form large and nodulous projections on the surface of the Uterus; but that, at other times, they distend its cavity, and, having a thin covering, not only from the Mucous Membrane, but from the Fibrous Tissue, advance through the Os Tincæ, and constitute one of the forms of Uterine Polypi.

The Mammæ which are comprehended in this Section, as forming a supplement to the Organs of Generation, are liable to be the seat of very interesting and important pathological alterations. It is said that instances have occurred of deficiency of the Mammæ on one or both sides: and, on the other hand, two, or even three, Mammæ have been found, one above another, on one or both sides. And Dr. Roberts, of Marseilles, has given the case of a Woman who had a third Nipple, situated at the inner part of the Thigh, which furnished milk, like the other two, and contributed its proportion to the nourishment of three children, one of which she suckled for upwards of two years.

It is needless to particularize the various alterations of structure and accidental productions of which the Lactiferous Glands, and the parts immediately adjoining them, are so frequently the seat. The Reader will find many interesting Cases, and highly-finished and accurate representations in illustration of these affections, in the splendid Work of Sir Astley Cooper. He will also find the description of the Anatomical characters of many of them in the Author's Paper on certain Adventitious Structures.

SECTION VIII.

GENITAL ORGANS OF THE FEMALE.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(1.) *Ovaries, and Fallopian Tubes.*		
2222	The Ovaries, extremely small; the Fallopian Tubes, bound down upon them: the Uterus, rather small; some appearance of a small commencing Polypus on its Mucous Membrane. There is considerable Peritoneal adhesion about all these parts.	Green Insp. Book, page Case of	
2223	Two bodies, which appear to be Ovaries; very much wasted, and enveloped in fat.		Sir Astley Cooper.
2224	Virgin Uterus, and its appendages. From a Young Woman æt. 18 years. The Ovaries smooth and plump, and of remarkably large size.		C. A. Key, Esq.
2225	Both Ovaries, uniformly and similarly enlarged to the size of one's fist; smooth externally, and compact internally. The enlargement commenced after the cessation of Menstruation, and caused a swelling, sensible externally, above the Pubis; accompanied with pain and great difficulty in making water in the erect posture. The patient had borne children.	Old Museum Book, No. 35. See Mr. William Burnand's Letter to Mr. Stocker.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2226	Section of an Ovary; shewing a small dark-coloured Cyst, apparently dependent on a diseased Vesicle of De Graef, or Corpus Luteum. There is a healthy Corpus Luteum in the same Ovary.		
2227	Uterus, and its appendages. The Ovaries, large, round, mammillated, and containing enlarged Vesicles; in one of which there is a coagulum of blood. The Fallopian Tubes bound down by adhesions, enlarged, blunt, closed at the extremity, and having lost all appearance of Morsus Diaboli. The fundus of the Uterus adhering to the Omentum.	1st Green Insp. Book, page 118. Case of M. A. Richardson, æt. 28.	
2227^A^	Ovary; with a Cyst attached to it, apparently situated under its tunic. Also old Peritoneal adhesions.		
2228	Uterus, and appendages; exhibiting a large Cyst, which appears to depend on a Vesicle of De Graef, filled with coagulated blood: in the right Ovary.		
2229	Uterus, and Ovaria: some of the Vesicles in the latter appeared to have enlarged, forming Cysts, one of which was filled by a dark chocolate-coloured fluid.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2230	Uterus, and its appendages. In one of the Ovaries, there is a cyst of the size of a nut, containing a yellowish substance: it is probably a Corpus Luteum, but is larger than they are often seen. There is also some appearance of the formation of cysts about the extremities of the Fallopian Tubes; and the Uterus is somewhat enlarged, as if delivery had occurred not very long before death.	3d Green Insp. Book, page 38. Case of Eliz. Pullett.	
2231	Uterus, and its appendages. One of the Ovaries is distended by cysts, which appear to depend on enlarged Vesicles of De Graaf: its substance very much absorbed: the other concealed by the Fallopian Tube, which is bound down upon it.		
2232	Ovarian Cyst, containing fat and hair. The cyst is injected.		
2233	A Cyst connected to the Ovary, and containing fat; and long coarse hair attached to its inner surface.		C. Averill, Esq.
2234	A Mass consisting of Bony bodies of irregular shape, accompanied by membranous cysts and cellular membrane, with fat; and covered by common integument from an Ovarian tumor, which contained also hair and fat. Taken from an Adult, but apparently a virgin, Female. (See the three succeeding Preparations.)	3d Green Insp. Book, page 171. Case of M. Cadmore.	
2235	Irregular Portion of Bone, covered by a loose kind of Periosteum, and traversed by a curved canal, lined by membrane; found in the interior of the preceding Preparation.	3d Green Insp. Book, page 171. Case of M. Cadmore	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2236	Turmeric-yellow fatty Matter, mixed with hair and fragments of lacerable structure, resembling common integument, from an Ovarian cyst. This fatty matter had a strong and very disagreeable bituminous odour.	3d Green Insp. Book, page 171. Case of M. Cadmore.	
2237	Cyst, taken from the Ovary: it contained fat, hair, bones, and membranous cysts.	3d Green Insp. Book, page 171. Case of M. Cadmore.	
2238	Section of a greatly-enlarged Ovary, containing numerous large cysts, with thick dense parietes. — (Hydro-scirrhous ?)		Sir Astley Cooper.
2239	Portion of a very large Ovarian Cyst; shewing one of the secondary cysts, which has given way, and allowed a third order to project into the cavity of the principal one.	2d Green Insp. Bock, page 72. Case of E. Waite.	
2240	A large Ovarian Cyst, with several accompanying smaller cysts, and several bunches of cauliflower excrescences, both on its inner and outer surfaces.		
2241	Large Cyst, from the Ovary, or its neighbourhood: its internal membrane is raised by numerous smaller cysts: one or two of these are opened, shewing their cavities filled with an inferior order of cysts, over which is reflected the lining membrane of that in which they are contained: some have small cribriform openings, through which the Mucous Membrane is escaping: some appear to be superficially ulcerating.—This preparation is injected.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2242	Cysts, from the neighbourhood of the Uterus. In most of these there are pedunculated bunches of smaller cysts, formed from the lining membrane of that in which they are contained. This preparation shews the transition from the bunches of cysts to flocculent Fimbriæ.	Red Insp. Book, page 191. Case of Eliz. Bendle.	
2243	Two Cysts, from the same subject as the preceding.	Red Insp. Book, page 191. Case of Eliz. Bendle.	
2244	Uterus, with Abscess communicating with the Vagina and Rectum, and numerous cysts in its neighbourhood: they are probably Ovarian. They were of the same character as the preceding; but the growths from the lining membrane were chiefly in the form of flocculent Fimbriæ, and appeared to have generally lost their vitality. The secretion surrounding them was thick, whitish, and diffusible through water.	See the Case which accompanied the Preparation.	C. Averill, Esq.
2245	One-half of a Uterus, with its corresponding Ovary, Tube, and Ligaments; to which are attached numerous branches of pedunculated cysts, erroneously called small Hydatids, and assuming a cauliflower appearance: they were probably enclosed in a cyst, which has been removed. There is likewise, near the junction of the Fallopian Tube to the Uterus, a small calcareous deposit; under which is placed a piece of whalebone.	Old Museum Book, No. 213.	
2246	Portion of a large Ovarian Cyst; to the inner surface of which are attached pedunculated tumors; some of which appear to be in a state of ulceration.	Green Insp. Book, page Case of	
2247	Two large Ovarian Cysts; dried.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2248	A large Ovarian Cyst; dried.		
2249	Uterus, and its appendages. One of the Ovaries greatly enlarged by Fungoïd disease: the structure dependent on cysts is very evident; the contents of some laminated, but not organized. From a patient of C. A. Key, Esq. who died of Chronic Peritonitis: she was about 35 years of age.		C. A. Key, Esq.
2250	Uterus, and its appendages; from a Female of about 40 years of age. The Fallopian Tubes were of a deep red internally, and bathed with thick viscid whitish puriform Mucus.		J. Stoeker, Esq.
2251	Uterus, and its appendages; from a Child. The Fallopian Tubes tortuous, and distended by scrofulous or cheesy matter. A small Peritoneal cyst is attached, by a long slender peduncle, to one of the tubes, near its fimbrieated extremity.		Dr. Addison.
2252	Uterus, and its appendages; from a patient of Dr. Bright's, who died of Chronic Peritonitis, in Dorcas's Ward. The Fallopian Tubes have lost all appearance of Fimbriæ at their extremities, which are greatly dilated, so as to resemble, in degree, the petals of Digitalis: the Ovaries are extremely wasted: the Os Tineæ almost obliterated: numerous Peritoneal adhesions about the Uterus and tubes. (See Prep^{n}. 2440.)	1st Green Insp. Book, page 1. Case of E. Swindon.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2252A	Uterus, and its appendages, with adhesions binding down the Fallopian Tubes: one of them closed at its extremity, by its adhesion to the Ovary, and partially dilated.		
2253	Uterus, and Fallopian Tubes: one of the latter greatly distended; it appears to be closed towards the Uterus: the other, which is but little dilated, communicates, by a large opening, with the cavity of the Uterus, which is large and unhealthy.		
2254	Uterus, and its appendages, with numerous old Peritoneal adhesions: the Fallopian Tubes bound down, blunt, and obliterated at their extremities, which are much dilated.		
2254A	Half of the Uterus, with the corresponding Fallopian Tube, which is obstructed at both extremities, and was greatly distended with a dirty brown puriform fluid.	Miscellaneous Insp. Book, page 19. Case of M. Beckwith.	
2254B	Uterus, and its appendages: the Fallopian Tubes are blunt and impervious, and firmly bound down by Peritoneal adhesions: the left is laid open; its Mucous Membrane is discoloured; and its parietes, as well as the neighbouring structure, appear thickened and dense.		
2254C	Uterus, and its appendages; presenting numerous Peritoneal adhesions: the Fallopian Tubes are firmly bound down upon the Ovaries, which are shrivolled. All appearance of the Fimbriæ is lost, except that in the immediate neighbourhood of the right Ovary there is a small bunch of pedunculated cysts, which appears to have originated in a few unattached Fimbriæ.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2255	Uterus, and its appendages, with old Peritoneal adhesions: the Fallopian Tubes bound down, blunt, and obliterated at their extremities, which are much dilated. There is a small pedunculated bunch of cysts attached to the left, and which is probably derived from one of the Fimbriæ.		
2255^{A}	Uterus, and its appendages. The Uterus is large. To the right Fallopian Tube are attached two small cysts, with long and slender peduncles.		
2256	Fallopian Tube, and Ovary, injected; shewing small pedunculated cysts attached to the Fallopian Tube and Morsus Diaboli, and Corpus Luteum in the Ovary.		
2257	Uterus, and its appendages: to one of the Ovaries, a small serous cyst is attached by a very long slender peduncle: in the other is a cyst, dependent on the enlarged Vesicle of De Graaf. Both tubes terminate in blunt extremities, without Fimbriæ.		
2258	One-half of a Uterus, with its corresponding appendages; shewing a cyst developed in the parietes of the Fallopian Tube, but not communicating with the tube. This patient died of Erysipelas, affecting the lower half of the body.	Red Insp. Book, page 162. Case of M. Harrison.	
2259	Uterus, somewhat enlarged; with one of the Fallopian Tubes laid open; in the parietes of which, a pretty large cyst is developed.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2260	Uterus, and its appendages: the Mucous Membrane of the Uterus deeply tinged with blood, with a very small incipient Polypus attached near to the opening of the left Fallopian Tube. The Ovaries wasted.	Green Insp. Book, page Case of	
2261	Uterus, and its appendages; with a Polypus, about the size of a Windsor bean, and of a soft consistence, lying in its cavity, covered by the Mucous Membrane.	4th Green Insp. Book, page 72. Case of M. Smith.	
	(2.) *Uterus.*		
2262	Uterus, and its appendages; shewing much destructive ulceration of the Os Uteri and Vagina; and dilatation of the extremity of the right Fallopian Tube, which appears to be impervious; and numerous Peritoneal adhesions about the Uterus and tubes.	Green Insp. Book. page Case of	
2263	Uterus, and its appendages, with the Bladder and Kidneys; shewing malignant ulceration of the Uterus, chiefly of the Cervix: the Ureters greatly dilated: the Pelvis of the Kidneys also dilated, and the glandular part of the Kidneys partially absorbed.	2d Green Insp. Book, page 37. Case of M. Adelle.	
2264	Uterus, and its appendages; shewing carcinomatous ulceration of the Os Tincæ and Vagina; enlargement of the right Ovary; and both of the Fallopian Tubes bound down by adhesions and blunt, and appear imperforate at their extremities.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2265	Uterus, considerably enlarged: the Os Tincæ and Cervix destroyed by carcinomatous ulceration. The Mucous Membrane of the Vagina rugous, and preternaturally dense; the Ovaries and Fallopian Tubes bound down behind the Uterus; and the latter dilated.	1st Green Insp. Book, page 70. Case of Eliz. Cram.	
2266	Uterus, considerably enlarged and displaced; with extensive deep carcinomatous ulceration internally, which extends into the Vagina, and has perforated the Bladder, which is enlarged: numerous old Peritoneal adhesions binding down the Fallopian Tubes. In the neighbourhood of the left, and posteriorly to the Uterus, is an irregularly-shaped serous cyst.	5th Green Insp. Book, page 92. Case of R. Chisnel.	
2266^A	Malignant Ulceration of the Os Uteri and Vagina; with an opening into the Bladder. The Uterus enlarged. The Fallopian Tubes bound down by adhesions.	5th Green Insp. Book, page 83. Case of S. Copson.	
2267	Section of a Uterus; enlarged, almost to the size which the organ attains at the full period of pregnancy, by scirrhous tumors developed in its substance: the form of the Uterus not so much disturbed as is often the case. In some parts of one of the tumors, ossification has taken place: the Ovaries are also enlarged.		
2268	Uterus, with Scirrhous Tubercles developed close to the origin of the left Fallopian Tube, in the broad ligament, and probably in the Ovary, which cannot be distinguished in the mass. The Vagina appears sound; but the Rectum is ulcerated, and presents a considerable pouch.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2269	Uterus, with very large Scirrhous Tumors developed in its substance, and completely destroying its form.	Old Museum Book, No. 215.	
2270	Uterus, greatly enlarged; with numerous large irregular Scirrhous Tubercles imbedded in its substance, and projecting from its surface: injected.		
2271	Uterus, greatly enlarged by Scirrhous Tumors developed in its substance. Some of these tumors appear to be in a state of softening: one is making its appearance as a Polypus at the greatly-dilated Os Tincæ: some sub-Peritoneal cysts are also to be seen about the Uterus.		
2272	Uterus, and its appendages; with the Bladder, Rectum, and part of the Colon: in the Fundus of the Uterus are developed two small scirrhous tubercles. One of the Fallopian Tubes is bound by old Peritoneal adhesions; to the other is attached a long slender filament: the Bladder is diseased. There appears to have been Peritoneal inflammation in the pouch between the Uterus and Rectum, the interior of which is irregular. The Colon remarkably contracted.	Green Insp. Book, page Case of	
2273	Uterus, much enlarged by Scirrhous Tumors developed in its substance. Some of these tumors are in a state of softening: one is projecting through the Os Tincæ, and another towards the commencement of one of the Fallopian Tubes.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2274	An old Preparation; which appears to consist of the Uterus enlarged by Scirrhus, and ulcerated internally; and shewing numerous patches of ulceration under its thickened Peritoneal coat.		
2275	Uterus, with numerous well-defined Scirrhous Tubercles developed in its substance, and forming nodulous projections on its external surface. The patient from whom this Preparation was taken was far advanced in years; and had had Cancer of the Breast, for which she was operated on by C. A. Key, Esq. (See Prep^{n}. 359.)	Red Insp. Book, page 168. Case of M. Gurney.	
2276	Uterus; with a well-defined Scirrhous Tubercle, of the size of a duck's egg, developed in its substance: there is also some appearance of a small Polypus attached to its Fundus internally.		
2277	Uterus, enlarged; with Scirrhous Tubercles developed in its substance, and slight appearance of Polypus on its internal surface: the Fallopian Tubes, adherent, obliterated at the extremities, and dilated in their course. There are cysts in the neighbourhood of the left Ovary; in one of which, suppuration appears to have taken place.	Green Insp. Book, page Case of	
2278	Uterus, with defined Scirrhous Tubercles developed in its substance.		
2278^{A}	Uterus, with a defined Scirrhous Tubercle in its substance; the organ itself not enlarged: some appearance of a commencing Polypus near its Fundus.	3d Green Insp. Book, page 15. Case of S. Gregory.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2279	Uterus, somewhat enlarged, with its cavity dilated; and a Tumor, probably a Scirrhous Tubercle, in its substance, projecting internally.	Old Museum Book, No. 186.	Mr. Davy's Collection. —— B. Harrison, Esq.
2280	Uterus, enlarged; with Scirrhous Tubercles developed in its substance; one or two of which, raising and distending the Mucous Membrane, form a tumor in the cavity of the organ. From a patient affected with malignant Cancer at the root of the Tongue.	3d Green Insp. Book, page 35. Case of Eliz. Idds.	
2280^A	A Polypus, attached, by a peduncle, to the union of the Vagina with the Uterus; removed, from a patient in Lydia's Ward, by incision, followed by almost dangerous hæmorrhages: a large vessel was seen entering the growth.		
2281	Fleshy Polypus, from the Os Uteri; to which it was attached by a rather-broad peduncle.		E. Carey, Esq. Guernsey.
2282	Uterus, Vagina, and Rectum; shewing an Abscess into the Vagina and Peritoneum. From a patient, aged 28 years. The case, of two months' standing; inspected by Dr. Cholmeley and Mr. Wilson.	Old Museum Book, No. 1. Case of E. Thompson, æt. 28.	
2283	Uterus, and its appendages, with the Bladder, Vagina, and Rectum; shewing an ulcerated opening between the two latter, and a cyst of considerable size in each Fallopian Tube.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2284	Uterus, and its appendages, with the Vagina and Rectum: an ulcerated opening between the latter. The Uterus is rather enlarged, making it probable that delivery had taken place at no very long period before death.		
	(3.) *External Parts.*		
2285	Enlarged Clitoris, and enlarged Warty Nymphæ; removed, from a patient in Charity's Ward, by J. Morgan, Esq.		
2286	Enlarged Warty Nymphæ; removed by B. B. Cooper, Esq.		
2287	Enlarged Warty Nymphæ.		
2288	Another specimen.	Old Museum Book, No. 33.	
2289	Hard white cauliflower-shaped Tumor; removed from the Nympha. A Section made to shew its little vascularity and fibro-cartilaginous structure.		
2290	Tumor, removed, by C. A. Key, Esq., from the Labium Pudendi; and regarded as cancerous.		
	(4.) *Mammæ, and Nipples.*		
2290A	Breast; removed, from a middle-aged Female, for a Tumor, containing cheesy matter, occasioned by obstruction of a Lactiferous Tube.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2291	Tumor, removed from the Breast, and denominated Chronic, as distinguished from Malignant: a part at least of its structure presents the encysted form, but there is no appearance of ulceration.		
2292	Tumor, about the size of an egg, for the most part of a firm texture and whitish colour: it appears not to have been considered malignant, and is called a Chronic Tumor: near its centre there is a small cavity, containing little pedunculated membranous cysts, which are of a yellowish colour, and appear to have lost their vitality before the removal of the tumor.		
2293	Tumor, about the size of a pigeon's egg, of a whitish colour, and compact texture: it has been styled a Chronic Tumor. Its structure evidently exhibits the encysted form.		
2294	Mamma, enlarged by a Tumor of the kind which is described as the Hydatid disease of the Breast: it exhibits a pretty firm structure, in which cysts and pedunculated tumors, contained in reflected membranes, are very evident.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2295	A Bunch of Pedunculated Tumors and Cysts, which appear to have been removed from one of the larger cysts of a Breast affected with what has been styled Hydatid disease.		
2296	Portion of a Tumor, considered to be the Hydatid kind: removed from the Breast by Sir Astley Cooper. It presents, very distinctly, the kind of structure before alluded to.		
2297	Part of a Tumor, from the Breast: it is of that form which is called Hydatid Tumor.		
2298	Portion of diseased Breast, styled Hydatid.		
2299	Tumor, called Hydatid, from the Breast; removed, at Birmingham, by Mr. Crompton. The patient survived several months, without the disease returning. It commenced as a small hard tumor, which remained stationary many years; after which it rapidly increased.		J. Morgan, Esq.
2300	Tumor; at the time of operation considered to be Fungoïd; removed, from the Breast, by J. Morgan, Esq. The patient, resident at Pool, had a small indolent tumor for some years (12 or 14), which, in April 1827, began rapidly to increase in size, and was removed in the Autumn of the same year. There was a considerable livid discoloration of the integuments: the wound healed very slowly; and some months after there was no appearance of the return of the disease.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2301	Mamma, with a Tumor of very large size, about equal in magnitude to a quartern loaf; removed by Mr. Field, of Rotherhithe. It had ulcerated, through the integuments, in various places, presenting large red granulations: internally, it exhibits numerous pedunculated cysts, proceeding from several centres; some, though translucent or almost transparent, were of considerable density: a few of these bunches of cysts were surrounded by fluid. The bunches of cysts belonging to one or more centres were discoloured and softening, and appeared to have lost their vitality before the removal of the tumor. From a patient of Mr. Randall's.		T. Field, Esq. Rotherhithe.
2302	Scirrhous Mamma. The gland is but little enlarged, but appears dense and lobulated, with some indication of softening or ulceration internally: the Nipple is retracted, but unaccompanied by external ulceration.		
2302^A	Small Scirrhous Tumor; removed from the Breast of an old Woman, who died in Chapel Ward, from a fall from a cart.	3d Green Insp. Book, page 143. Case of S. Chipping.	
2303	Scirrhous Mamma.		
2304	Scirrhous Breast: the size of the tumor does not appear to have been large: its structure appears dense, with numerous small cells, in several of which there is a small quantity of yellowish opaque matter. The Nipple is retracted.	Old Museum Book, No. 88.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2305	Portion of Scirrhous Mamma. The structure of the tumor very closely resembles that of the preceding: the cells are more distinct; and the opaque yellow matter is seen, in some of them, to depend on small bunches of cysts, which have lost their vitality.		
2305^A	Portion of Scirrhous Mamma: the size of the tumor inconsiderable; the structure dense, with numerous small cells.		
2306	Scirrhous Mamma: the size of the tumor not large: the Nipple retracted, without external ulceration; but softening appears to have taken place internally.		
2307	Scirrhous Mamma; with incipient ulceration of the integuments, at a little distance from the Nipple.		
2308	Scirrhous Breast: the Nipple is retracted; and considerable ulceration appears to have taken place internally, but none externally.		
2309	Portion of Scirrhous Breast: partial softening of the tumor, and ulceration of the integuments, have taken place. Removed by J. Morgan, Esq.		
2310	Scirrhous Breast: ulceration of the integuments far advanced in one spot, and commencing in two others.		
2311	Scirrhous Breast, with external ulceration considerably advanced: the elevated margin remarkably broad.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2312	Cancerous Breast: ulceration far advanced.		
2313	Cancerous Breast: ulceration very far advanced. A tumor of the same nature had been removed by operation, but the disease returned.	Green Insp. Book. Case of	
2314	Mammary Tumor, considered to be Scirrhous: in its structure and size it resembles the preceding. The appearance of softening or ulceration is very equivocal; but the integuments are in degree affected; and one of the absorbent glands, from the Axilla, is enlarged, and presents a similar structure to that of the Breast.		
2315	Scirrhous Tumor; removed from the Mamma, by Sir Astley Cooper. It is not of large size, and appears to be of early growth: its structure is evidently dependent on cysts, some of which are large in proportion to the size of the tumor.	Old Museum Book, No. 34.	
2316	Scirrhous Tumor, somewhat resembling the preceding, and which appears to have been removed from the Breast.		
2317	Portion of Fungoïd Breast, of remarkable size and hardness; removed, after death, from a patient of B. B. Cooper, Esq. (See Prep^{ns}. 1780. 1922—a Cast of the Breast, and a Cast of the Liver.)	3d Green Insp. Book, page 15. Case of S. Gregory.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2318	Fungoïd Tumor, from the Breast; removed, after death, from a patient of J. Morgan, Esq. The tumor was unusually hard for Fungoïd disease. (See Prep^{ns}. 1050 and 2056.)	2d. Green Insp. Book, page 57. Case of E. Woodward.	
2319	Portion of Scirrhous Breast, and of the Pectoral Muscle, which appears to be likewise implicated in the disease.		
2320	Scirrhous Breast; removed by C. A. Key, Esq. Ulceration has taken place in one part of the tumor; in another, the structure dependent on cysts is very evident: some of the cysts are of considerable size, in proportion to that of the tumor. From a private patient.		C. A. Key, Esq.
2320^{A}	Portion of a Mammary Tumor; removed by J. Morgan, Esq. The increase of size considerable: the structure dependent on cysts was very evident, and the cysts were of moderate size.		
2320^{B}	Small Tumor, from the Breast.		
2321	Scirrhous Mamma. The increase of size is considerable; but the structure appears to have been firm and dense, and for the most part composed of small cysts: softening or ulceration is far advanced in some parts of the tumor.		
2322	Breast Tumor, very much resembling Fungus; removed by B. B. Cooper, Esq. The structure dependent on cysts is very evident. From a private patient.		B. B. Cooper, Esq.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2323	Sections of a Tumor; removed from the Breast, by Sir Astley Cooper. The structure of the greater part of the tumor appears to be dense and compact, resembling that of true Scirrhus, and presenting small cysts; but there are other cavities, of large size, containing coagula of blood, and more nearly resembling Fungoïd disease.		
2324	Fungoïd Mamma. The tumor is of small size, but appears to possess the soft texture of this disease.		
2325	Sections of a Mamma; which, though not much enlarged, appears to have been affected with Fungoïd disease, and presents two characteristic cells, which were filled with bloody matter.		
2326	Fungoïd Cyst; removed, from the Breast, by Sir Astley Cooper.		
2327	Mamma; containing a large Cyst, dependent on Fungoïd disease.		
2328	Section of a Mamma, greatly enlarged by Fungoïd disease.		
2329	Mamma, affected with Fungoïd disease; presenting a large and deep ulcer, with edges much elevated.		
2330	Mamma, affected with Fungoïd disease. The enlargement was not great; but there were several well-marked cysts, containing bunches of smaller cysts, and a sanguinolent serum; also, two or three very minute cysts along one of the lactiferous tubes. (See the Drawing by J. M. Canton, Esq.)		

Nº.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2331	Portion of a Fungoïd Cyst, with a well-marked bunch of pedunculated cysts or tumors.		
2332	Section of a Fungoïd Tumor, in which the structure dependent on cysts is very distinctly seen. (Possibly not a Breast tumor.)		
2333	Section of a Tumor, much resembling the preceding, but which is injected.		
2334	Portion of Fungoïd Tumor, in which softening has taken place.		
2335	Small portion of a Tumor, evidently subcutaneous; but whether from the Breast, or not, does not appear: its structure is very remarkable, consisting of an infinite number of small cells, producing a spongy appearance.		
2336	Large irregular portion of a Tumor; in structure much resembling the preceding, but the cells are, many of them, of larger size. It does not appear from what part of the body it has been taken.		
2337	Induration, with ulceration, around the Nipple.	Old Museum Book, No. 177.	Sir Astley Cooper.
2338	Cancer, affecting the Nipple and Areola.		

OBSERVATIONS ON SECTION IX.

OF PART II.

NOTWITHSTANDING the importance of the organs to which this Section is devoted, it is needless to say much respecting them in this place. The divisions which are employed are sufficiently evident to be readily comprehended, on the mere inspection of the Catalogue; and the principles on which the Preparations belonging to each division are distributed, have been explained in the Introduction, and must be familiar to the Student long before he will have arrived at the examination of this part of the Collection. But he will do well to recollect, that the specimens belonging to this Section are made to correspond with those of the preceding Section: thus, the diseases of the Testicles will be found, to a certain degree, to present the counterparts to those of the Ovary. Thus, the Preparation 2385^{A} shews small Pedunculated Cysts, attached to the close portion of the Tunica Vaginalis, and bearing the closest analogy to similar cysts which are somewhat more frequently found dependent from the Ovaries; examples of which are seen in No. 2257, and some other Preparations.

The Male Mammæ are very rarely the subject of disease; which is, probably, to be attributed to the inert state in which they remain. In early infancy, these glands present the same character in both sexes, and not unfrequently produce a secretion bearing some resemblance to milk. About the period of puberty, when they receive so remarkable a development in the Female, they, in most instances, insensibly waste in the Male; but occasionally they become the subject of a slight degree of inflammation, which sometimes gradually subsides, and allows the ordinary wasting to proceed; but at other times leads to a chronic induration, and probably prepares the way for the formation of cancerous tumors, with which, even in Males, this part is sometimes affected.

It is extremely rare, yet it must be confessed that it appears to be a well-authenticated fact, that the Male Mamma may retain its glandular structure, and so completely perform the secernent function, as to yield a tolerably perfect milk. See "Schacher de Lacte Virorum et Virginum, A.D. 1742." Buffon says, "J'ai vu un jeune homme de 15 ans faire sortir d'une de ses Mammelles plus d'une cuillerée d'une liqueur laiteuse ou plutôt de veritable lait." (Vol. II. p. 543.) We have the authority of Humboldt for a man (Francisco Hazous), 32 years of age, giving suck to his son during the illness of his wife: (Personal Narrative, Vol. III. p. 57.) Another instance is attested and described by Capt. Franklin, in the account of his First Expedition to the Polar Seas, (see p. 157):—and one or two are recorded in the Philosophical Transactions.

SECTION IX.

GENITAL ORGANS OF THE MALE.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(1.) *Testes.*		
2339	Testicles remaining in the Abdomen of an Adult; also incipient Herniæ at the internal rings. From the body of Mr. Jones.		
2340	Testicle, affected with Chronic Enlargement, and described as having been in a pulpy state. The disease, which was induced by accident, remained five years; when it was removed by operation, and the patient discharged well. There was also inflammation of the Tunica Vaginalis Testis, which is thickened.	Old Museum Book, No. 66. Case of G. Jones, æt. 40.	
2341	Testis, affected with Abscess, accompanied by Ulceration through the Scrotum.	Old Museum Book, No. 106.	G. Babington, Esq.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2342	Testis affected with Scrofulous Inflammation, accompanied by external fungating ulceration.		
2343	Scrofulous Tubercles in the Testicle: an injected preparation.		
2344	Testicle affected with Chronic Inflammation; and protruding a large ulcerated surface, with exuberant granulations, through the ulcerated Scrotum.		
2345	Section of a Testicle affected with abundant Scrofulous Deposit: an injected preparation.		
2346	Section—The counterpart to the preceding.		
2347	Testicle affected with Chronic or Scrofulous Inflammation.		
2348	Section of a Testicle affected with Scrofulous Tubercle, accompanied by Hydrocele. Removed by C. A. Key, Esq.		
2349	Section—The counterpart to the preceding.		
2350	Section of a Testicle greatly enlarged either by Scrofulous Deposit or Fungoïd disease: a large ulcerated surface protrudes through the Scrotum.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2351	Portion of Testicle, removed by B. B. Cooper, Esq.; shewing fungating granulations succeeding to Abscess.		
2352	Section of enlarged Testis, containing numerous cysts; described by some as Hydatids, but of a different description.	Old Museum Book, No. 184.	
2353	Much-enlarged Testicle; presenting, internally, circumscribed cavities and pedunculated cysts, accompanied by softening or ulceration. It has been described as a specimen of Hydatid disease.		
2354	Testicle, which appears to have been the subject of Chronic Inflammation, producing fungating granulations protruding through the ulcerated Scrotum. There is likewise an appearance having much the character of Scirrhous Tubercle.		
2355	Testicle but little enlarged, in which a partial degeneration of structure has taken place: attributed to incipient Fungus Hæmatodes. (Doubtful.)		
2356	Pulpy or Fungoïd Testicle: the structure dependent on the formation of cysts is only partially, and very indistinctly, discernible; the greater part of the adventitious matter appearing to be the result of irregularly-diffused deposition. Removed by Sir Astley Cooper. Injected by J. Morgan, Esq.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2357	Fungoïd or Pulpy Testicle; removed from —— Calerow, a patient in Cornelius's Ward. He died with obliterated Vena Cava and greatly dilated abdominal veins. (See Prep^{ns}. 1522, 1523, and 1527.)		
2358	Testicle, somewhat enlarged, and a considerable part of its structure broken down by a softening or ulcerative process: it is attributed to Fungoïd disease, but the appearance of the preparation has more the character of Abscess.		
2359	Testicle, enlarged by Fungoïd disease: in different parts, the process of softening has commenced.		Sir Astley Cooper.
2360	Testicle, affected with Fungoïd disease; removed, by Mr. Dodd, from a young Man in Dean Street. After several months, the disease has not returned, but the patient continues, as before the operation, the subject of Epileptic Fits.—The structure dependent on cysts was very evident in this Testicle.		T. A. S. Dodd, Esq.
2361	Testicle, much enlarged by Fungoïd disease; removed, after death, from a patient of C.A. Key, Esq., in Lazarus's Ward.—The structure dependent on cysts was very distinct in this preparation: softening had commenced in different places: there was likewise acute inflammation of the Tunica Vaginalis Testis.	5th Green Insp. Book, page 150. Case of J. King.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(2.) *Epididymis.*		
2362	Epididymis, greatly enlarged from the general dilatation and development of the seminiferous tubes, which are filled by a semi-transparent substance: the body of the Testis appears to be very much disorganized.		
2363	Section of Testis and Epididymis: the latter is enlarged, and appears to have been the seat of an Abscess or Scrofulous deposit: its Tunic is completely encased in bony deposit.		
2364	Section of Testis and Epididymis, with small patches of earthy deposit: dried, and immersed in spirit of turpentine. The corresponding section to the preceding preparation.		
2365	Testis, and Epididymis; removed by C. A. Key, Esq. Epididymis greatly enlarged by Fungoïd disease: the structure of the Testis remains nearly healthy. The patient had Hydrocele; and, at one time, was suspected of Hernia.		
	(3.) *Vas Deferens.*		
2366	Epididymis, with Vas Deferens and Rete Testis, filled with mercury; and shewing a blind aberrant vessel proceeding from the Epididymis.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2367	Epididymis, swollen, and of an irregular figure; and a Tumor in the Vas Deferens, formed by obstruction from tuberculous matter. (See Prep^{n}. 2445.)	1st Green Insp. Book, page 11. Case of W. Trimbey.	
	(4.) *Tunica Vaginalis.*		
2368	Tunica Vaginalis, open to the Abdomen. From a Child.		
2369	Tunica Vaginalis, open to the Abdomen.		
2370	Tunica Vaginalis, affected with Hydrocele, and continued open to a considerable distance along the Cord.		
2371	Testis, Tunica Vaginalis, and Cord; with Hydrocele of both: injected, and laid open.		
2372	Tunica Vaginalis, affected with Hydrocele. The Testis is situated at the bottom of the cavity.		Sir Astley Cooper.
2373	Tunica Vaginalis, which has been affected with Hydrocele: injected with fine injection, dried, and immersed in spirit of turpentine.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2374	Dry Preparation of injected Hydrocele.		
2375	Tunica Vaginalis, considerably dilated by Hydrocele, and crossed by membranous bands of adhesion.		
2376	Tunica Vaginalis Testis, which has been affected with Hydrocele: a very delicate false membrane appears to have completely lined the reflected portion, but is not adherent to it.		Sir Astley Cooper.
2377	Encysted Hydrocele, and Tunica Vaginalis, open to the Abdomen.		
2378	Hydrocele of the Cord, forming a large cyst, shut off from the Tunica Vaginalis.		
2379	Tunica Vaginalis; having its two surfaces partially adherent, and affected with Hydrocele.		
2380	Tunica Vaginalis; having its two surfaces adherent, by means of a delicate adventitious cellular membrane.		
2381	Testis, injected with the two surfaces of the Tunica Vaginalis closely and intimately united.		
2381^A^	Tunica Vaginalis, very much thickened by chronic inflammation.	See the Case which accompanied the Specimen.	J. Adamson, Esq., Rye.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2382	A particle of Bony Deposit, from the Tunica Vaginalis.		
2383	Section of a Bony Deposit, forming a complete case to the Epididymis: immersed in spirit of turpentine. It appears to have been formed immediately under the close portion of the Tunica Vaginalis.	Old Museum Book, No. 126.	
2384	Hæmatocele:—(a section made, shewing the Coagulum, in layers.)		
2385	Blood, rather grumous than coagulated; removed from a Hæmatocele, by Sir Astley Cooper.		Sir Astley Cooper.
2385A	Small pedunculated Cysts, attached to the Tunica Vaginalis, covering the Epididymis.		
	(5.) *Scrotum.*		
2386	Portion of Scrotum, affected with Chimney-Sweeper's Cancer.	Old Museum Book, No. 263.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2387	Portion of the Septum Scroti, affected with Chimney-Sweeper's Cancer; removed by Sir Astley Cooper, from an out-patient. The bleeding, after the operation, was very considerable. Half of the removed portion is in the Museum at St. Thomas's	Old Museum Book, No. 48.	Sir Astley Cooper.
	(6.) *Prostate Gland.*		
2388	Third Lobe of Prostate, enlarged: the Bladder not much dilated: the Muscular Coat considerably thickened.		
2389	Third Lobe of Prostate, much enlarged: Bladder dilated, its Muscular Coat much thickened, and the Ureters greatly dilated.		
2390	Third Lobe of Prostate, enlarged: Bladder little thickened, but considerably dilated and sacculated.		
2391	Prostate Gland, considerably enlarged; with false passage through the middle lobe: the Bladder dilated, and its Mucous Membrane sacculated.		
2392	Prostate Gland, much enlarged; apparently from Scrofula. This preparation seems to have been taken from a young subject.		
2393	Bladder, and Prostate Gland; the latter much enlarged from Scrofula. This preparation was taken from the body of a Child.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2394	Sections of the Prostate Gland; dried, and immersed in spirit of turpentine, to shew numerous small imbedded Calculi.		Sir Astley Cooper.
2395	Calculi in the Prostate Gland, and one impacted in the neck of the Bladder; also an Abscess, containing calculous matter, in the anterior third of the Urethra. From a patient of C. A. Key, Esq.		
2395A	Bladder, and Penis; with enlarged Prostate Gland, containing a pouch with a Calculus lodged in it.		
2396	Prostate Gland; with a pouch, containing one or more Calculi in each lateral lobe.		Sir Astley Cooper.
2397	Prostate Gland, with a Calculus lodged in it.		
2398	Part of the Bladder, with the Prostate Gland, and part of the Penis; shewing a large Sacculus in each lateral lobe of the Prostate, which, becoming distended with urine, for several years, occasioned very great impediment to micturition. The patient used to empty these pouches by pressure on the Perineum. These sacculi appear to have been secondary to Stricture in the Urethra.	See the Case which accompanied the Preparation.	C. Griffiths, Esq. Wrexham.
2398A	Bladder, sacculated: pouches in the Prostate, communicating, by large orifices, with the Urethra: an incision, to evacuate the Urine, opening one of the pouches, but not penetrating the Bladder: sloughing about the Urethra.	4th Green Insp. Book, page 134. Case of Joseph Pugh.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2399	Part of the Bladder, with the Prostate Gland, and part of the Penis; shewing a valvular projection at the commencement of the Urethra, in the situation of the third lobe of the Prostate, but which appears to be merely formed by a fold of membrane. There is likewise a considerable dilatation of the Urethra when passing through the Prostate. The patient had stricture.		
	(7.) *Prostatic Calculi.*		
2400	Calculi, from the Prostate Gland; taken from G. Ball, by C.A. Key, Esq.		C.A.Key, Esq.
	(8.) *Urethra.*		
2401	Urethra, inflamed, from Gonorrhœa.	Old Museum Book, No. 32.	
2402	Urethra, with Stricture a little anterior to the membranous portion.		
2403	Another specimen.		
2404	Urethra, with very firm Stricture a little anterior to the membranous portion.		Sir Astley Cooper.
2405	Bladder, and Urethra; shewing imperforate Stricture, and a false passage. The patient died with extravasation of urine.		C.A.Key, Esq.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2406	Bladder, and Urethra; shewing Stricture, with false passage.		
2407	Urethra, and part of Bladder; shewing Stricture, with false passage.	Old Museum Book, No. 98.	Mr. Davy's Collection. B. Harrison, Esq.
2408	Urethra, and part of Bladder; shewing Strictures, and false passages. Taken from Joseph Spearing. (See Prep^{ns}. 1065 and 1594.)		
2409	Bladder, and Urethra; shewing imperforate Stricture, false passage, and perinæal Abscess. There are small Caruncles in the Urethra, a little anterior to the membranous portion: the Bladder much thickened.	1st Green Insp. Book, page 143. Case of Rich. Levell.	
2410	Stricture of the Urethra, anterior to the bulb; with Caruncles and false passage behind the Verumontanum: Bladder dilated, and thickened.		
2411	Bladder, and Urethra; shewing Stricture and a large Caruncle or papilliform elongation of the Mucous Membrane, a little anterior to the Verumontanum. The patient had symptoms of Stricture, which were relieved by bougies. Pulmonic symptoms came on, and were attributed to Bronchitis. Death sudden. Aneurism discovered bursting into the Lung. From a patient of C. A. Key, Esq. (See Prep^{n}. 1454.)	3d Green Insp. Book, page 17. Case of W. Riley.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2412	Bladder and Urethra; shewing Stricture, with Abscess: the Bladder thickened.	Insp. Book, page . Case of	
	(10.) *Urethral Calculi.*		
2413	Three Urethral Calculi, apparently consisting of Lithic Acid. Removed by Sir Astley Cooper.		Sir Astley Cooper.
2414	Urethral Calculus; removed by C. A. Key, Esq. Nucleus, Oxalate of Lime; with a coating of fusible matter. Analyzed by Dr. B. Babington.		C. A. Key, Esq.
2415	Two Urethral Calculi, consisting of fusible matter. Removed by Mr. Sudlow Roots, of Kingston.		S. Roots, Esq. Kingston.
2416	Urethral Calculus, of which the nucleus is a straw. Removed by Sir Astley Cooper.		Sir Astley Cooper.
	(11.) *Catheters.*		
2417	Mixed-Metal Catheter, mended in three places with pack-thread; in which state it had for some time been used by a Sailor.		
2418	Mixed-Metal Catheter, which broke in the Bladder, and was removed, by operation, by C. A. Key, Esq. in 1825.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(12.) *Integuments of the Penis, Glans, and Prepuce.*		
2419	Penis, of which the Integuments are in a state of Sphacelus: an injected Preparation.		Sir Astley Cooper.
2420	Extremity of the Penis; shewing a Chancre, opening into the Urethra, and separating the Glans from the Corpora Cavernosa.		
2421	Extremity of the Penis affected with Cancer, destroying the Glans.		
2422	Extremity of the Penis much enlarged by Fungoïd cauliflower-shaped Excrescences. Removed by Sir Astley Cooper.	Old Museum Book No. 192.	
2423	Penis affected with malignant disease, and exhibiting large cauliflower-shaped Granulations. Removed from a Patient in the Hospital, by J. Morgan, Esq. The portion at the upper part of the Glans was removed subsequently, the disease having re-appeared at the root of the Penis.		
2424	Prepuce, the edge of which is completely surrounded with small malignant cauliflower Excrescences. Removed by C. A. Key, Esq.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2425	Section of Penis, shewing Cancer of the Prepuce near the Frænum, extending to the Glans. Injected by Sir Astley Cooper.		
2426	Section—The counterpart to the preceding.		
2427	Section of the anterior part of Penis, injected; shewing Cancer of the Prepuce, about the Frænum and extremity of the Glans.		
2428	Prepuce, and part of the Glans Penis, covered with malignant cauliflower-shaped warty Granulations. Removed by C. A. Key, Esq.		
2429	Dried Extremity of the Penis, with a Calculus lodged under the Prepuce.		
	(13.) *Male Mammæ.*		
2430	Mammary Gland, from the Adult Male, of rather large size.		
2431	Male Mammary Glands, of large size; from a person of colour.		
2432	Male Mammary Gland, enlarged in size, and apparently affected with Scirrhus: the Areola not quite healthy.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2433	Male Mamma, affected with Scirrhus: some appearance of external ulceration.		
2434	Male Mammary Gland, somewhat enlarged, and supposed to be affected with Scirrhus.		
2434A	Fungoïd Tumor on the Male Breast, at some little distance from the Nipple: the disease has penetrated the Chest, and destroyed the Sternum. The patient had had his Thigh amputated for the same disease. (See Prepn. 1168.)	Old Museum Book, No.121: the Sequel of No. 3. Case of T. Heam.	

OBSERVATIONS ON SECTION X.

OF PART II.

The Reader will find the Preparations illustrative of the Diseases of the *Peritoneum* arranged on the same principle as those of the Pericardium and the Pleura: at the same time, it must be observed, that they possess some peculiar characters, dependent on situation, and on the nature and functions of the organs over which this membrane is extended.

2446 is an interesting specimen of Perforations of the Intestine, occasioned by Ulceration, proceeding from the Peritoneal to the Mucous surface. 2455 and 2456 are specimens illustrative of the Contraction of the Product of Inflammation. In the first, the Mesentery is thickened, and shortened, from this cause; and in the second, the Omentum is so corrugated and contracted, under its investing false Membrane, that it is scarcely recognisable.

The subject of *Hernia* is the most important and peculiar which belongs to the Morbid Anatomy of the Peritoneum. Although the Museum does not, at present, possess a very considerable number of Preparations relating to this subject, the Student will, nevertheless, find that they illustrate some of the most curious and important points connected with it; and he is particularly invited to examine them, in conjunction with the splendid and valuable Work of Sir Astley Cooper, now greatly enriched by its Editor, C. Aston Key.

SECTION X.

PERITONEUM.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2435	Recently-formed thin False Membrane, from the surface of the Liver: it appears to be of the plastic and organizable form.	Old Museum Book, No. 175. Case of Mary Abbs.	
2436	Portion of Peritoneum, with recent False Membrane; from a patient affected with Ascites.		
2437	Convolutions of Small Intestines, united by recent Peritoneal Inflammation: from a young Woman, aged 14, who died with symptoms of Typhus: bowels constipated.	Old Museum Book, No. 39. Case of B. Haggitt.	
2438	Liver, and part of the Colon, united by very partial Peritoneal Inflammation; from a Child.		Dr. Young.
2438A	Portion of Colon, attached to the Ribs by old Peritoneal adhesions. (Doubtful gun-shot-wound of the Integument.)		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2439	Fundus of the Bladder, and small Intestines, united together by Peritoneal Inflammation. The patient had retension of Urine, and $10\frac{1}{2}$ pints were withdrawn!		T. Callaway, Esq.
2439^A	Liver, Spleen, Stomach, and Diaphragm, united by Peritoneal Adhesions.	5th Green Insp. Book, page 46. Case of Sarah Veale.	
2440	Numerous long Filamentous Adhesions, attaching the Diaphragm to the convex surface of the Liver, which is generally indurated. The patient had Chronic Peritonitis, with copious effusion. (See Prep^n. 2252.)	1st Green Insp. Book, page 1. Case of E. Swindon.	
2441	Small rounded body, attached, by long Filamentous Peduncles, to the Peritoneal Coat of the small Intestine.		Dr. Burne.
2442	Small rounded bodies, attached, by long Filamentous Peduncles, to the Peritoneal Coat of the Colon.	1st Green Insp. Book, page 65. Case of C. Simmons.	
2443	Intestine, strangulated within the Abdomen by Peritoneal Adhesions. The patient (in Accident Ward) had all the symptoms of Strangulated Hernia. The Ilium and Jejunum were adherent to the Parietes.		
2444	Intestine, strangulated by a band or bridle, formed by Peritoneal Inflammation, and attached to the Fundus of the Uterus.		
2444^A	Portion of small Intestine, strangulated by Peritoneal Adhesions, by which it is likewise attached to the Omentum.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2445	A False Membrane stretched between two folds of Mesentery: the edge thickened, and containing a canal communicating with two small tumors situated between the Peritoneal and Muscular Coats of two opposed portions of Intestine; and containing a yellow, thick, cream-like substance. (See Prepn. 2367.)	1st Green Insp. Book, page 11. Case of W. Trimbey.	
2446	Portions of small and large Intestines, united together by a False Membrane formed on the Peritoneal Coat, and exhibiting numerous perforations, caused by ulceration, proceeding from without, inwards: also, the Uterus imperfectly contracted after delivery, and covered by an extension of the before-mentioned False Membrane. Fæces escaped, but were confined to a large cavity circumscribed by the adhesion.	See Clinical Books for 1826-7; and 2d Green Insp. Book, page 47. Case of H. Poulton.	
2447	Abscess in the Mesentery; probably succeeding to Peritoneal Adhesion.	Old Museum Book, No. 254.	
2448	Layer of Effused Lymph, on the Peritoneal Coat of a portion of small Intestine. It contains numerous opaque spots, and appears to be very imperfectly organizable.		
2449	Portion of Peritoneum, which forms a pouch between the Uterus and Rectum, affected with recent acute inflammation, and covered by effused lymph, the greater part of which appears to be inorganizable: the marginal part thin, and penetrated by numerous straight and parallel vessels. (See Prepn. 1387.)	3d Green Insp. Book, page 156. Case of Eliz. George.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2450	Portions of Intestine, glued together by a thick little organizable Adventitious Membrane, in which numerous small opaque white bodies are deposited. This Adventitious Membrane presented a smooth unattached surface to the anterior Parietes, and concealed the Intestines, which it inextricably united. The Mucous Membrane of the Intestines readily separated from the Muscular Coat, which was extremely lacerable, and of a pale colour. This patient presented symptoms of fever: her bowels were constipated. (See Prep^{ns}. 1846 and 2450^{A}.)	Red Insp. Book, page 222. Case of Eliz. Sayce.	
2450^{A}	Another similar specimen, from the same subject.	Red Insp. Book, page 222. Case of Eliz. Sayce.	
2451	Portion of Peritoneum, covered with False Membrane, thickly sprinkled with particles of opaque inorganizable matter.		C. A. Key, Esq.
2452	Portion of Granulated Liver; the Peritoneal covering of which is thick and semi-cartilaginous, and presents a worm-eaten appearance.		
2453	Spleen; the Peritoneal coat of which is extremely thick and semi-cartilaginous, and presents a worm-eaten appearance. Supposed to have been taken from the same subject with the preceding.		
2454	Portion of the convex surface of the Liver, and of the Diaphragm corresponding to it; shewing the Peritoneum covered with minute scabrous elevations. The patient had copious clear effusion into the Peritoneal cavity.	6th Green Insp. Book, page 14. Case of H. F. Horton.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2455	Several Convolutions of small Intestines; shewing the Mesentery thickened and shortened, drawing up the Intestine towards the Spine. This appears to be partly the effect of the contraction of False Membrane covering it; and partly of that of the Cellular Membrane between the layers.		
2456	The Omentum, corrugated into the form of a thick solid mass, in which there seems to be a considerable deposit of inorganizable matter. From a patient affected with Chronic Peritonitis. (See Prep^{ns}. 1044, 1771, and Cast.)	4th Green Insp. Book, page 120. Case of John Welch.	
2457	Portion of Peritoneum, covered with small Scrofulous Tubercles: from a patient of Dr. Back's, affected with Dropsy, in Cornelius's Ward.		
2458	Stomach, with numerous Scrofulous Tubercles on its Peritoneal Coat: from a Boy affected with Dropsy.		
2458^{A}	Portion of small Intestine and Mesentery, with small Scrofulous Tubercles immediately under the Peritoneum: an injected Preparation,	Green Insp. Book, page Case of	
2459	Portion of Liver, the Peritoneal Coat of which is inflamed, and the subjacent Cellular Membrane prodigiously thickened, but not condensed: its large semi-transparent cells appear to contain a gelatinous substance.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2460	A dense Tumor, in structure resembling Scirrhus, situated beneath the Peritoneum, near the commencement of the Rectum.		Sir Astley Cooper.
2461	Tumors, apparently Fungoïd, subjacent to the Peritoneum.		
2462	Fungoïd Tumors, subjacent to the Peritoneum.		
2463	Portion of Liver, with numerous Fungoïd Tubercles beneath its Peritoneal Coat: from a Man who died of Stricture of the Œsophagus.		
2464	Fungoïd Tubercles, situated in the Mesentery and Omentum.		
2465	Fungoïd Tumors, of considerable size, situated in the Mesentery: the neighbouring convolution of Intestine firmly bound down by adhesion, and the canal nearly obstructed.		
2466	A Convolution of small Intestine; shewing a Fungoïd Tumor beneath the Peritoneum, at the edge of the Mesentery.		
2467	Fungoïd Tumor, developed beneath the Peritoneum.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2468	Portion of Colon, with Fungoïd Tumors, of considerable size, in the Meso-Colon.		
2469	Tubercular Deposit under the Mucous Membrane of the Colon: Fungoïd Tubercles in the Omentum.		
2470	Fungoïd Tubercles on the Omentum. These tumors were not confined to the Omentum, but occupied the greater part of the Abdomen, which was much distended. The patient had been repeatedly tapped. (See Prepⁿ. 1779.)	Red Insp. Book, page 153. Case of M. Dogherty.	
2471	Portion of Peritoneum, with small Fungoïd Tubercles, of a dark colour, approaching to Melanosis.		
2472	Portion of Peritoneum, exhibiting small Melanoïd Tubercles.		
2473	Two Hydatid Cysts, from the Colon: a great number of very small Hydatids are adhering to the internal surface of the proper Hydatid Membrane.	Old Museum Book, No. 111.	Sir Astley Cooper.
2474	Uterus, and its appendages, with the Bladder, Rectum, and external parts; shewing a cyst developed in the Peritoneum, forming the broad ligament; and a portion of corrugated dead Hydatid Membrane, which was contained in the cyst.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	PREPARATIONS ILLUSTRATIVE OF THE SUBJECT OF HERNIA.		
2475	Congenital Hernia in the Adult.		
2476	Congenital Hernia; operated upon by B. B. Cooper, Esq. The patient was a young Man, a baker, from Hertfordshire. (See Prep^{ns}. 1824 and 1938.)	4th Green Insp. Book, page 37. Case of James Bishop.	
2477	Congenital Hernia, in the Adult; operated on, for strangulation, by B. B. Cooper, Esq. The patient died of hæmorrhage from the bowels. (See Prep^{n}. 1822.)		
2478	Congenital oblique Inguinal Hernia. The Intestine was returned into the Abdomen; but strangulation remained, in consequence of a pouch of Peritoneum. From a patient of J. Morgan, Esq.	Sir Astley Cooper's Work on Hernia, by C.A.Key, Esq.	
2479	Congenital Hernia within the Inguinal Canal. The patient laboured for three weeks under symptoms of Peritonitis, which he attributed to eating wild chesnuts. Some suspicion of Hernia was entertained; but, from there being no sensible tumor, the symptoms were not thought to warrant an operation. During the three weeks, no alvine evacuation took place. The Intestines were found greatly distended.	See C. A. Key's Record of Inspections. Case of W. Crown.	
2480	Congenital Hernial Sac, with its mouth obliterated.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2481	Oblique Inguinal Hernia; shewing the coverings of the Hernia, and the course of the Epigastric Artery.		
2482	Oblique Inguinal Hernia, with the coverings and Epigastric Artery dissected.	Old Museum Book, No. 220: (219 on the bottle.)	
2483	Hernial Sac in the Inguinal Canal: a dried Preparation.		
2484	Inguinal Hernial Sac, and its coverings.		
2485	An Inguinal Hernia, with a portion of small Intestine in the Sac.		
2486	Oblique Inguinal Hernia, extending into the Scrotum, and containing Omentum. This preparation shews the continuity of the superficial Fascia, with the external Abdominal Ring.		
2487	Inguinal Hernia, consisting of a large portion of the Urinary Bladder, considerably dilated.	Sir Astley Cooper's Work on Hernia. 2d Edition.	
2488	Hernia of Fallopian Tubes and Ovary.		
2489	Inguinal Omental Hernia, with the Stricture divided. (Case of J. Morgan's, Esq.)		J. Morgan, Esq.
2490	Hernial Sac, injected: the mouth is obliterated. The situation of the Testicle and Tunica Vaginalis shewn.		
2491	A Hernial Sac.		Sir Astley Cooper.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2492	Inguinal Hernial Sac. The Testicle seen at the lower part, with the Tunica Vaginalis dilated by Hydrocele.		
2493	Portion of Hernial Sac, shewing the situation with regard to the Testis and Tunica Vaginalis.		
2494	Part of a large Hernial Sac, partially ossified.		A. Carey, Esq. Guernsey.
2495	Thin Pouches of Peritoneum, formed in a Hernial Sac, and which contained about a quart of serous Ascitic Effusion. Removed, by C. A. Key, Esq., from a dropsical patient of Mr. Smith's.		
2496	Hernial Sac; obliterated after operation, and perforation of the Appendix Cæci, with Abscess.		Dr. Whiting.
2497	Incysted Hernia of the Tunica Vaginalis; the protruding portion descending, enclosed with a Sac, into the Tunica Vaginalis.		
2498	Direct Inguinal Hernia.		
2499	Direct Inguinal Hernia, having a covering derived from the Cremaster Muscle.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2500	Inguinal Hernia on both sides: incipient oblique on the right; direct on the left.		
2501	Femoral Hernia in the Male; found in the Dissecting Room. (See Drawing by H. Peacock, Esq. and Wax Model.)		S. Cooper, Esq.
2502	Fascia Propria, and Sac of Femoral Hernia.		
2503	Femoral Hernia in the Male. Sir Astley Cooper first described the Fascia Propria, from this preparation.	Old Museum Book, No. 104.	
2503A	Femoral Hernia, containing a portion of Omentum; from a patient of B.B. Cooper, Esq. A knuckle of Intestine, which accompanied the Omentum, was returned without an operation. After death, a perforation was discovered in it. (See Prepn. 1836 .)	6th Green Insp. Book, page 54. Case of Marg. Lewis.	
2504	Umbilical Hernia.		
2505	Irreducible Umbilical Hernia, containing portions of large and small Intestines, with a considerable quantity of Omentum: the Mucous Membrane of the Colon of a deep grey or black colour. From a patient of Dr. Addison. Examined by C. A. Key, Esq.		Dr. Addison and C. A. Key, Esq.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2506	Dissected Sac of Umbilical Hernia, in which a portion of the Stomach protruded. Taken from the body of Peter Price, a Maniac, dissected by Sir Astley Cooper.	Old Museum Book, No.117.	
2506A	Umbilical Hernia, and a small Ventral Hernia on the median line. They appear to consist of fat situated between the Peritoneum and the Abdominal Muscles.	Green Insp. Book, Case of	
2507	Diaphragmatic Hernia of the Stomach.	See Sir Astley Cooper's Work on Hernia. 2d Edition.	
2508	Portion of a small Intestine, strangulated within the Abdomen, by the Appendix Cæci.		
2509	Portion of Omentum; removed, in operation for Strangulated Hernia, by C. A. Key, Esq.—The patient recovered.		
2510	Portion of Omentum, successfully removed by Sir Astley Cooper, in the operation for Strangulated Umbilical Hernia.		
2511	Portion of Omentum, successfully removed by Sir Astley Cooper, in an operation for Strangulated Hernia.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2512	Sixty drachms of Omentum, successfully removed, by T. Callaway, Esq., in an operation for Strangulated Hernia.		
	(1.) *Prolapsus.*		
2513	Prolapsus Uteri.		Dr. Whiting.
2514	Bladder and Rectum, after the operation for Stone: the Gorget passed to the outside of the Bladder.		

OBSERVATIONS ON SECTION XI.

OF PART II.

In the first part of this Section are placed specimens which relate rather to the parent than to the young animal. Preparations illustrative of Extra Uterine Gestation belong to this class. Of this deviation from the Normal state there are now admitted to be Four Varieties. In the first, the Ovum is developed in the Ovary; in the second, in the cavity of the Abdomen; in the third, which appears to be most frequent, in the Fallopian Tube; and, in the fourth, within the Parietes of the Uterus. This last form of Extra Uterine Gestation has attracted the particular attention of Professor Geoffroy St. Hilaire. In the mode in which he accounts for the production of this particular anomaly, he believes that he has found a new illustration of the doctrine of Analogies; and attributes a peculiar and special importance to the Uterine extremity of the Fallopian Tube, to which he gives the name of *Ad-uterum.* (See the Author's Abstract of the Professor's Paper, with remarks upon it, in the Medical and Surgical Review for October 1826.)

The subject of Malformation and Monstrosity is one of the most interesting to which the attention of the Physiologist can be directed. Cases of Monstrosity may be regarded as invaluable experiments, conducted for us by Nature herself; by which she seems to give us a little insight into some of the laws which appear to regulate the formation and development of Animal beings. The investigation of this subject has been pursued with great pains and labour by Professors Meckel, Geoffroy St. Hilaire, and Beclard, to whose writings the Reader is strongly recommended to refer. A short exposition of the importance of the study of Monsters, in reference to the laws of Formation and the doctrine of Analogies, will be found in the Author's Address on the Opening of the Theatre of Morbid Anatomy at Guy's Hospital. (See the London Medical Gazette, September 6, 1828.)

N^{os} 2545 and 2546, two instances of supposed Hermaphroditism, and also the subject of the Models 2818 and 2819, are evidently Imperfect Males; and it is extremely probable that this has been likewise the case in most of the instances in which a similar supposition has existed.

In the greater number of these cases, the organs continue to be imperfectly developed; and both the general and special peculiarities of sex are never manifested. More rarely, in conjunction with the external characters of the Female sufficiently marked to have admitted of no hesitation in bringing up the child as a Girl, the organs of the Male, though concealed, have been so completely formed, that at the age of puberty the individual has assumed the appearance, habits, and attributes of the Male. This apparent metamorphosis has sometimes taken place almost instantaneously; and it can scarcely be doubted that occurrences of this kind have laid the foundation of those marvellous tales, of which examples are furnished both in Ancient and Modern History. Almost every one is acquainted with the story of Iphis the daughter of Ligdus and Telethusa, fabled to have been changed into a man on her marriage-day, through the miraculous assistance of Isis. Pliny, who, though his writings so strongly bear the marks of extreme credulity as greatly to invalidate his testimony, has often fact for his foundation, makes the following statement, in the 4th Chapter of his 7th Book:—"Ex feminis mutari in mares non est fabulosum. Invenimus in Annalibus P. Licinio Crasso C. Cassio Longino consulibus, Casini puerum factum ex virgine sub parentibus, jussuque aruspicum deportatum in insulam desertam. Licinius Mucianus prodidit, visum a se Argis, Arescontem, cui nomen Arescusæ fuisset: nupsisse etiam, mox barbam et virilitatem provenisse uxoremque duxisse. Ejusdem sortis et Smyrnæ* puerum se visum. Ipse in Africâ vidi mutatum in marem, nuptiarum die, L. Cossicium civem Thysdritanum."

Portal, speaking of Tigeon, an Author whose work was published at Lyons in the year 1574, says, "Il rapport qu'étant à Auch en Gascogne, il a eu occasion de converser avec un vieillard qui n'avoit jamais pu se marier, parcequ'il avoit été fille pendant son bas âge : cet homme, dit-il, m'assura qu'outre tous les signes extérieurs qui caractérisent le sexe feminin, il avoit eu jusqu'à ses affections, surtout une extrême pudeur ; mais que par une métamorphose étonnante, il avoit changé de sexe tout d'un coup. Le lecteur judicieux mettra cette histoire au rang des fables les plus éloignées de la vraisemblance."

An instance of an equally sudden development of the Male Sex, in a previously reputed Female, was related to the Author by one of his friends, who himself knew the fact to have occurred in a German Family with which he was acquainted.

The nearest approach to a true Hermaphrodite, with which the Author is acquainted, occurred in an Ourang Outang, dissected, described, and delineated by Doctors Harlan, Morton, and Bird, of Philadelphia. It is stated to have possessed Ovaries, Fallopian Tubes, a Uterus, and Vagina; and also Testes, Epididymes, Vasa deferentia, and a highly-erectile Penis.

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* "Puellæ nomen Philotis fuit, teste Phlegonte, lib. de rebus mirab. cap. VII. p. 61. ubi rem accidisse narrat, Archonte Athenis Dionysodoro, Romæ Coss. D. Junio Silano Torquato et Q. Haterio Antonino. Hoc est anno Neronis primo. Exempla similia haud pauca ibidem commemorat." —*Scholium Plinii Editoris.*

SECTION XI.

PREPARATIONS ILLUSTRATIVE OF MORBID HUMAN, AND OF COMPARATIVE, UTERO-GESTATION.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2515	Portion of a Gravid Uterus of a Cow, with the Fallopian Tube and Ovary; in which last there is a large Corpus Luteum.		
2516	Fœtus of about three months old, with part of its Membranes, Cord, and Placenta, developed externally to the Uterus, in the cavity of the Abdomen. The Sac in which it was formed is attached to the Fallopian Tube: after this had ruptured, it remained some months, by adhesions, in a new cavity which communicated with the Rectum and Colon. It is of a nearly-black colour, from decomposition.	7th Green Insp. Book, page . Case of E. Haydon, æt. 20.	
2517	The Uterus and parts concerned in forming the cavity from which the preceding specimen was taken: the remains of the Sac in which the Fœtus was developed are to be seen a little to the right of the Fundus of the Uterus, which is very small, and contains no decidua.	7th Green Insp. Book, page Case of E. Haydon, æt. 20.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2518	Five young Pigs, of which three are united together: they were found, external to the Uterus, in a fatted Sow, killed when the usual period of gestation had been passed. The extra Uterine Gestation appeared to have been occasioned by an unsuccessful attempt to extirpate the Ovaries.	See the Note which accompanied the Preparation.	W. Overend, Esq. Sheffield.
2519	Bones of a Fœtal Calf; from a case of extra Uterine Gestation.		Sir J. Banks, Bart. — B. Harrison, Esq.
2520	Uterus, and its appendages, at about the fifth week of pregnancy. Dissected by Dr. Blundell and T.A.S. Dodd, Esq.—The Embryo was not discovered.		
2521	Uterus, and its appendages, after abortion procured by drastic medicines, at an early period of pregnancy. The parts to which the Ovum had been attached are very distinguishable, near the termination of the right Fallopian Tube.	3d Green Insp. Book, page 49. Case of M. Blackhall, æt. 20.	
2522	Uterus, a few days after delivery.		
2523	Uterus, a very short time after delivery.—A portion of Placenta appears to be retained.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2524	A mass of Coagulum; resulting either from abortion or false conception. It has some appearance of Membrana Decidua; and, internally, of a smoother and more serous membrane.		
2525	Mucus, from the Vagina.		
2526	Human Ovum, at a very early period; the internal surface mammillated.		
2527	Human Ovum, at a very early period; the internal surface mammillated. In the Fœtal part of the Placenta are numerous small pedunculated cysts. (Commonly called Hydatid Placenta.)	Old Museum Book, No. 178.	Mr. Davy's Collection. B. Harrison, Esq.
2528	Gravid Uterus, laid open, to shew the Fœtus and its Membranes, at about the fourth month of pregnancy.		
2529	Portion of the Fœtal part of the Placenta: to the vascular extremities are attached numerous pedunculated cysts. (Commonly called Hydatid Placenta.)		Sir Astley Cooper.
2530	A Fœtus, probably about the sixth month, with its Placenta, which appears to be diseased, containing a considerable quantity of opaque whitish matter.		J. B. Haynes, Esq. Trinity Square, Borough.
2531	A Puppy, with its Membranes and Annular Placenta.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2532	Portion of the Uterus of a Cow, with one of the Cotyledons; with the corresponding portions of the Membranes of the Fœtus. The Arteries and Veins injected.		Dr. Hodgkin.
2533	Portion of the Chorion of a Calf; shewing the Fœtal part of several small Cotyledons. The Arteries and Veins injected.		Dr. Hodgkin.
2534	Portion of the Chorion of a Calf; injected, dried, and immersed in spirit of turpentine.		Dr. Hodgkin.
2535	Portion of the Amnion of a Calf; injected, dried, and immersed in spirit of turpentine.		Dr. Hodgkin.
2536	Portion of the Chorion and Alantois of a Fœtal Calf; shewing a partial firm adhesion between these membranes.		Dr. Hodgkin.
2537	Portion of the Alantois of a Calf; injected, dried, and immersed in spirit of turpentine.		Dr. Hodgkin.
2538	Portion of the Umbilical Cord of a Calf; shewing the two Arteries, two Veins, and the Urachus.		Dr. Hodgkin.
2539	Urinary and Genital Organs of a Fœtal Calf; shewing the commencement of the Urachus.		Dr. Hodgkin.
	MALFORMATIONS.		
2540	Acephalous Fœtus, about the fourth month: the palate cleft.	Old Museum Book, No. 168.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2541	Fœtus, at nearly or quite the full period; the greater part of the brain wanting: the ears are imperfectly formed.		
2542	Fœtus, apparently at the full period: there is a considerable deficiency of bone at the upper part of the head: there was a large protuberance, containing brain substance. The fore-arms are deficient, and the legs deformed. The mother received a violent blow on her head, at an early period of pregnancy. (See the Cast.)		G. Hosegood, Esq. Newcastle-on-Tyne.
2543	Fœtus, at maturity, with a hare-lip and very-much-deformed nose: the Abdomen and Thorax partially open.		
2544	A young Pig, having no lower jaw, and no opening at the back part of the Fauces. There is a large pouch occupying the fore-part of the neck.		
2545	Lower part of the body of a Child, regarded as Hermaphrodite; but which, on dissection, proved to be a Male.		
2546	Genital Organs of a supposed Hermaphrodite Sheep, which proved to be an imperfect Male: the Vasa Deferentia beginning in a probe-like point, instead of Testes; and the Urethra opening a little below the Anus. The Corpora Cavernosa were continued to the Belly, but were cut off before examination.		Sir Astley Cooper.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2547	Two Male Fœtuses, apparently at or near the full period: they are united by a considerable part of their Bellies and Chests, and have a common Umbilical Cord.		
2548	A Fœtus, at or near the full period, with two Heads and Necks.		
2549	A Kitten, with two Heads and Necks.		
2550	A young Duck, with two Heads and Necks.		G.H.Wortham Esq.
2551	A Puppy with one Head: the other parts are double.		E. Carey, Esq. Guernsey.
	MORBID APPEARANCES CONNECTED WITH DISEASE DURING THE FŒTAL LIFE.		
2552	A Fœtus affected with Small Pox, which appeared to have occasioned its death some time before delivery. The Mother was affected with the disease during her pregnancy; but, from the appearance of the Fœtus, and the time up to which it was ascertained to have lived, it was evident that the Small Pox had affected the Mother a considerable time before it had the Fœtus.	Old Museum Book, No. 52. Case of H. Howard, æt. 26.	
2553	A Fœtus about the sixth or seventh month, which appears to have lost its vitality a considerable time before its delivery.		

OBSERVATIONS ON SECTION XII.

OF PART II.

THE Student, desirous of making himself acquainted with the subject of Parasitical Animals, is referred to the writings of Rudolphi, Bremser with the additions of Blainville, and to the Articles of Laennec and Cloquet, in the Dictionnaire des Sciences Médicales.

SECTION XII.

PARASITICAL ANIMALS.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	ENTOZOA.		
	(1.) *Vesicular Worms.*		
2554	A Cystecercus from the Liver of a Sheep, with the cyst in which it was contained.		Sir Astley, Cooper.
2555	An Acephalocyst, with the cyst in which it was formed.		
2556	Another specimen.		
2557	A partially-ossified Cyst, of about the size of an orange, in which were contained one or more Acephalocyst Hydatids.		
2558	An Acephalocyst, of about the size of an orange; with irregular elevations on both the internal and external surfaces of the membrane. Also, a multitude of extremely-minute Hydatids, which were contained in the larger.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2559	An Acephalocyst.		
2560	Another specimen.		
2561	Several Hytatid Membranes, which appear to belong to Acephalocysts.		
2562	Several small, but entire, Acephalocysts, from the interior of a larger.		Sir Astley Cooper.
2563	Several small Acephalocyst Hydatids: some entire; others with their membranes ruptured.		
2564	Several extremely-minute Acephalocyst Hydatids, perfectly globular, though many are less than a hundredth part of an inch in diameter: they are mostly detached; but some few are adherent to small shreds of membrane.	Old Museum Book, No. 111*.	
2565	Several Acephalocyst Hydatid Membranes: one, in particular, exhibits very many elevations of various sizes upon its internal surface: the smaller, which are globular, are probably nascent Hydatids.		
2566	Portion of an Acephalocyst Hydatid Membrane, with a single irregular mass, of considerable size, projecting from its inner surface.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2567	A Spherical Tumor, of nearly an inch-and-a-half in diameter, with bony Parietes, and containing the shrivelled remains of dead Hydatids, mixed with a white friable substance. It was taken from the Liver, and illustrates one of the modes in which Hydatid Tumors undergo a natural cure.		From Dissecting Room.
	(2.) *Flat Worms.*		
2568	Many feet of the Bothriocephalus Latus (formerly Tænia Lata). The joints are short in proportion to their length, and the Oscicula are placed along the middle.		
2569	A Bothriocephalus Latus, (Tænia Lata,) which appears to be nearly entire: many inches at one extremity, apparently the caudal, exhibit very little, if any, indication of division into joints. A young specimen.	Old Museum Book, No. 26. Bremser's Plates.	
2570	The Head and upper portion of the Tænia Solium; taken from one of the small Intestines.	Green Insp. Book, page Case of	
2571	Some feet of the Tænia Solium, which appear to be nearly entire, but the head is wanting.		
2572	Another similar specimen.	Old Museum Book, No. 25.	
2573	Another specimen, in which the head only is wanting.		
2574	Several feet of Tænia Solium.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2575	Several feet of Tænia Solium, with the joints long		
2576	Several feet of Tænia Solium, passed by a Girl of about 13 years of age.		Dr. Hodgkin.
2577	Several feet of Tænia Solium.	Old Museum Book. No. 23.	
2578	Another specimen.		
2579	Another specimen.		
2580	Portion of Tænia Solium, injected; shewing the canal close to the margins of the joints.		
2581	Another specimen; injected, dried, and immersed in spirit of turpentine; shewing the marginal canals and the ramified vessel in the middle.		
2582	Another specimen; shewing both vessels injected with quicksilver.		
2583	Several feet of the Tænia Solium, and several detached joints, called "*Cucurbitans.*"		
2584	Several detached joints of Tænia Solium—"*Cucurbitans.*"	Old Museum Book. No. 29.	
2585	Several detached joints of Tænia Solium: they appear to have lost their vitality some time before their expulsion. There are a few joints which are still united—"*Vermes Cucurbitini.*"	Memoirs of the Medical Society, vol. 5, page 266. Old Museum Book. No. 28.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2586	Several detached joints of Tænia Solium, which appear to have lost their vitality long before their expulsion.	Old Museum Book No. 30.	
2587	A species of Tænia, from a Greyhound.		
2587^A	Another specimen of Tænia, from a Dog.		
2588	Several small Tænia, from the Intestines of a Cat.		
2589	Small species of Tænia: from what animal unknown.		
2590	Two flat Worms, about an inch in length, with remarkably short joints, and having heads with four orifices and four tentaculi: they are rather more than half-an-inch broad, and terminate very abruptly. Found in the Colon of a Horse.		Bracy Clark, Esq.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2591	Bothridium, from the Intestines of a Boa Constrictor: they have a large double head, attached, by small necks, to the slender upper extremity of the body.		J. Hilton, Esq.
2592	Fluke Worms, from the Liver of a Sheep. Distoma, Fasciola, or Douve.		
	(3.) *Cylindrical Worms.*		
2593	Two specimens of Ascaris Lumbricoïdes.		
2594	Three or four specimens of Ascaris Lumbricoïdes.	Mem. of Med. Soc., vol. 5. page 233. Old Museum Book, No. 19.	
2595	Ascaris Lumbricoïdes, with its digestive and genital organs exposed, from accidental rupture	Old Museum Book, No. 20.	
2596	Several Oxyures Vermiculares.	Mem. of Med. Soc., vol. 5, page 245. Old Museum Book, No. 21.	
2597	Tricocephalus Hominis, or Dispar, (*olim Trichuris*). Found in the Appendix Cæci.	4th Green Insp. Book, page 68. Case of P. Hurley.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2598	Filaria Medinensis, or Guinea-Worm; extracted, at Haslar Hospital, by Richard Stocker, Esq.	Old Museum Book, No. 17.	R. Stocker, Esq.
2599	Some small round Worms, probably Filaria.		
2600	Small round Worms, from the Lungs of the Boa Constrictor: they were of bright red colour, and extremely tenacious of life; surviving several days after the animal was in a state of decomposition. Probably a species of Filaria Bronchialis.		T. Bell, Esq.
2601	Portion of the Lungs of the Boa Constrictor, affected with Tubercles, and containing Worms resembling those in the preceding specimen.		T. Bell, Esq.
2602	A Worm of about an inch-and-a-half long, strongly marked with annular ridges: it is largest toward the head, which has four orifices, like those of the Tænia found in the lungs of the Boa Constrictor, in conjunction with the two preceding specimens. It bears some resemblance to a Polystoma figured by Blainville.		T. Bell, Esq.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2603	Portion of the Mesenteric Artery of an Ass; containing several Worms, of the species Strongylus Equinus, or Armatus.		
2604	Liver of a small Animal, probably a Rat, with two Worms.		
	PARASITICAL INSECTS.		
2605	Portion of the Stomach of a Horse, with numerous Bots, in the state of Larvæ.		
2606	Another specimen.		
2607	Portion of the Stomach of a Horse, with its Mucous Membrane partially destroyed by the Larvæ of Bots; some of which are seen in the preparation.		

SECTION XIII.

OF PART II.

THE Models and Casts comprised in this Section are arranged in Sub-divisions, corresponding to the previous Sections to which they are supplementary.

SECTION XIII.

WAX MODELS AND CASTS.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(1.) *Models and Casts, supplementary to Sections* I. & II.		
2608	Cast of the entire Back, distorted by the Lateral Curvature of the Spine.		
2609	Cast of the Shoulders and Back, as low as the Loins; shewing a very considerable curvature to the right side, and a great diminution of that side of the Chest. From softening of the Bones.		
2610	Cast of the Back, with Lumbar Abscess; forming a Tumor in the Loins, to the left of the Spine.		
2611	Cast of the lower part of the Abdomen, and part of the Thighs; shewing a Lumbar Abscess, which produced a large pointing Tumor about the anterior Spinous Processes of the left Ilium. From a Boy, a patient of C. A. Key, Esq.		
2612	Cast of the lower part of the Abdomen and upper part of the Thighs; shewing a Lumbar Abscess forming a large Tumor under Poupart's Ligament, on the right side.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2613	Cast of the left side of the Thorax; shewing a deficiency of the greater part of the third Rib. (See Prep^{ns}. 1044, 1771, and 2456.)	4th Green Insp. Book, page 120. Case of John Welsh.	
2614	Cast of the Head and Face of James Cardinal, aged 27, who was affected, from his infancy, with Hydrocephalus. Taken before death.		
2615	Cast of the Head and Face of the preceding subject, taken after death; the hair having been removed. (See Skeleton, No. 889.)	Miscellaneous Insp. Book. Case of J. Cardinal.	
2616	Bust of Nicholson, the young man who murdered Thompson Bonnar, Esq. and his Wife. From a Cast taken after execution by G. Lewis, Esq.		Sir Astley Cooper.
2617	Cast of the Head and Face of Williams, who was supposed to be the murderer of the families of Marr and Williams.		
2618	Cast of the Head and Face of John Birt, who was executed at Horsham for the murder of his child. (See Skeleton, No. 891.)		
2619	Cast of the Head and Face of James Hatfield, who shot at His late Majesty George the Third. Taken at the New Bethlehem Hospital, by Dr. Wright.		Dr. Wright.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2620	Cast of the Shoulder, Arm, and Hand, of Ann Coulson, affected with a large Osteo-sarcomatous Tumor. Amputated, at the Shoulder-joint, by Sir Astley Cooper.	Cat. XCIV. 1. and Sir Astley Cooper's Surgical Essays.	Brookes's Collection.
2620ᴬ	Cast of the Elbow and fore Arm, after fracture of the Olecranon. From a patient of C. A. Key, Esq.		
2621	Cast of the fore Arm and Hand; shewing fracture near the lower extremity of the Radius, and displacement of the Ulna.		
2622	Cast of a fore Arm, with part of the Hand, which has lost all its Fingers, and portions of several of the Metacarpal Bones.	Cat. XCIII. 1.	Brookes's Collection.
2623	Cast of a right Hand, from which the middle Finger had been amputated.		
2624	Cast of a right Hand; shewing a dislocation of the Metacarpal Bone of the Thumb.		
2625	Cast of a Hand contracted by Tonic Spasm: taken from a young Man. The affection was brought on by a blow from a hammer, received on the Thumb-nail. After having, for some months, resisted all the remedies which were tried, it was immediately relieved by the Electric Aura, and was ultimately cured by it.	Cat. CCXXXIV. 2.	Brookes's Collection.
2626	Wax Model of a right Hand; shewing an extensive Ulceration, from Scrofulous disease, of the Metacarpal Bone of the Thumb.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2627	Wax Model of a Fungoïd Tumor near the Elbow, and a Cicatrix produced by an operation for the removal of a similar Tumor. The Arm was amputated by B. B. Cooper, Esq. (See Prepn. and a Drawing by H. Peacock Esq.)		
2628	Cast of part of the fore Arm, with the Hand; shewing two large Fungoïd Tumors on the inner side. John Hunter amputated the little Finger; and, ten years after, the ring Finger was amputated by Mr. Chevalier, who attended the case in consultation with Mr. Brookes.	Cat. ccxxxv. 2.	Brookes's Collection.
2629	Cast of part of the fore Arm and Hand; with a large Fungoïd Tumor, in a state of Ulceration, occupying the greater part of the Dorsum of the Hand. Sir Astley Cooper removed the diseased parts, when of moderate extent; but the disease returned, affecting the Metacarpal Bones. (See Prepn. 1636.)		
2630	"A Torso, moulded under Mr. Brookes's superintendence, from the living subject, afflicted with an immense Osteo-sarcomatous Tumor situated on the right Hip. An operation was performed for the relief of the patient, by Sir Astley Cooper."	Cat. CCLVI. 2.	Brookes's Collection.
2631	Cast of the lower quarter of the Trunk, with the corresponding Thigh; shewing a very large Osteo-sarcomatous Tumor growing from the Os Femoris. Made by Mr. De Lestre.		
2632	Cast of a Thigh, Leg, and Foot; shewing a very large Osteo-sarcomatous Tumor growing from the former.		Mr. Blundell's Museum.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2633	Cast of the lower part of the Body, with the lower extremities. On the right Thigh there is a very large Osteo-sarcomatous Tumor: the corresponding Leg very much swollen by Œdema.	Cat. CCXLIX. 2.	Brookes's Collection.
2634	Cast of the Knee, with part of the Thigh and Leg; shèwing a large Osteo-sarcomatous Tumor on the lower part of the Femur.		
2635	Cast of the upper part of a Thigh Bone, which appears to have been fractured through the neck, partly within and partly without the Capsular Ligament, and to have been subsequently united.		
2636	Cast of an adult Thigh-bone, fractured, apparently with communition, a little below the Trochanters, and very badly united.	Cat. LXXIX. 1.	Brookes's Collection.
2637	Cast of a Thigh-bone, fractured a little above the middle, and very badly united.	Cat. LXXX. 1.	Brookes's Collection.
2638	Cast of the Knee, after fracture of the Patella: the two portions of bone widely separated.		
2639	Cast of the upper part of the Tibia and Fibula, with a large Fungoïd Exostosis about the head of the former.	Cat. CVI. 1.	Brookes's Collection.
2640	Cast of the lower part of the Leg and Foot of a Child, in whom fracture of the Tibia and Fibula was followed by the formation of a false joint.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2641	Cast of lower part of the Leg and Foot of a young subject, very much deformed: the Ancle bent strongly inwards.		
2642	Cast of a Club Foot, with considerable Distortion inwards, from a Child ten years of age: it was cured in fourteen months.		
2643	Cast of the same.		
2644	Another cast, from a specimen of Club Foot.		
2645	Cast of the lower part of a Leg and Foot, with distortion of the Ancle, and fracture of the internal Malleolus.		
2646	Cast of a Foot, in which all the Metatarsal and Phalangeal Bones, except those of the great Toe, had been amputated by C. A. Key, Esq.		
2647	Cast of a Dislocation of the Patella; from a Child.		
2648	Another specimen, from a Child, a patient of C. A. Key, Esq.		
2649	Cast of a Dislocation of the Patella, outwards; from an Adult.		
2650	Cast of a Dislocation of the Tibia, backwards; from disease:—distortion very considerable.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2651	Another cast of Dislocated Patella; from an amputated Leg.		
2652	Cast of the Leg and Foot of a Child; shewing Distortion, from Scrofulous disease of the Ancle.		
2653	Cast, shewing slight Displacement of the Ancle, supposed to depend on dislocation of the Astragalus outwards and forwards, with fracture of the Tibia.		
2654	Cast, shewing Dislocation of the Ancle outwards. From a Female.		
2655	Cast, shewing Dislocation of the Ancle outwards. From a Male.		
2656	Cast of a Leg and Foot; shewing Dislocation of the Ancle forwards.		
2657	Cast of a Fungoïd Tumor on the Hip.		
2658	Cast of a Fungoïd Tumor on the anterior part of the Thigh.	Sir Astley Cooper's Surgical Essays. Case of —— Gordon.	
2659	Cast from the same subject; the disease much farther advanced, and forming a large Ulcer with elevated edges.		
2660	Cast of an amputated Leg and Foot; shewing a Fungoïd Tumor, with a large Ulcerated surface on the upper and outer part of the Leg.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2661	Cast of part of a Leg and Foot, with an ulcerated Fungoïd Tumor on the former.	Cat. cxxiv. 1.	Brookes's Collection.
2662	Cast of the lower part of a Leg and Foot, with a Fungoïd Tumor near the outer Malleolus. The Leg was amputated by B. B. Cooper, Esq.		
2663	Cast of the upper part of a Leg and Foot: the latter much enlarged, and distorted by a Fungoïd Tumor.		
2664	Cast of a Knee; shewing Ganglion of the Patella.		
	(2.) *Models and Casts supplementary to Section* III.		
2665	Cast of a Back; shewing an Aneurismal Tumor.		
2666	Cast of the lower part of a Leg and Foot; shewing Aneurism of the posterior Tibial Artery. The operation was performed by C. A. Key, Esq.		
2667	Cast of the middle of an Arm; shewing an Aneurismal Varix.		
2668	Another similar specimen.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2669	Cast of part of the right Thigh and Leg; shewing large varicose Veins. From a Boy, a patient in Naaman's Ward.		
2670	Cast of the left Leg and Foot, from the same subject; the veins similarly affected. There is a small Ulcer near the outer Malleolus.		
2671	Cast of part of a Thigh and Leg; shewing greatly-enlarged and varicose Veins. From a patient in one of the Hospitals at Paris.		W. T. Iliff, Esq.
2672	Cast of the Head and Neck of a Child; shewing one of the Absorbent Glands immediately below the Ear greatly enlarged by Scrofula.		
2673	Cast of part of a Head, Neck, and Chest; shewing a large Tumor on the left Cheek and side of the Neck, produced by Scrofulous Enlargement of the Glandulæ Concatenatæ. From a Boy, a patient of J. Morgan, Esq.		
2674	Cast of a Face, Neck, and part of the Head; with a very large ulcerated Fungoïd Tumor occupying the left side of the Head and part of the Neck.		
2675	Cast of part of the Head, Face, and Neck of Joseph Rogers, aged 27, affected with a large Absorbent Glandular Tumor on the right side of the Neck: it was of seven years' standing, and was unaccompanied with pain. Made by Mr. De Ville.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2676	A similar Cast, taken from the same individual about ten days after the Tumor, which weighed three-pounds-and-a-quarter, had been removed by Sir Astley Cooper. The man has since remained quite well. (See Prepn.1540.)	See the Note given by Mr. Edenborough.	
2677	Cast of the Face, Neck, and Chest of a middle-aged Woman, affected with a very large Tumor, in structure resembling Fungus, but more dense, situated on the right side of the Face and Neck, and which appeared to have originated in an Absorbent Gland. It was removed by John Morgan, Esq. (See Prepn. and a Drawing.)	6th Green Insp. Book, page 105. Case of Mary Jones.	
2678	Cast of the Face and Neck of an old subject, with a large Fungoïd or Carcinomatous Tumor under the Chin. The disease appeared to have originated in an Absorbent Gland.		
2679	Wax Model of part of a Face; shewing a large deep Carcinomatous Tumor on the side of the left Cheek.		
2680	Wax Model of a Face and Neck; shewing extensive Malignant Ulceration on the right side.		
2681	Wax Model of the Axilla; shewing a Fungoïd Tumor, apparently proceeding from one of the Axillary Glands.		
2682	Plaster Cast of Lumbar Glands greatly enlarged by Fungoïd disease, and displacing the Kidneys.	See the Note relating to the Cast.	W. T. Iliff, Esq.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(3.) *Models and Casts supplementary to Section* IV.		
2683	Cast of a Fœtus affected with Hernia Cerebri: it is in other respects deformed; wanting both the fore Arms and Hands. The Feet are much distorted. (See Prep^{n}. 2542.)		
2684	Cast of the upper part of a Child, nearly two years old. It had a large Tumor on the Head, from Congenital Hernia Cerebri. (See Prep^{ns}. 1055^{A} and 1563.)		
	*** The Models of the Diseases of the Skin are arranged according to the Classification of Drs. Willan and Bateman.		
2685	Wax Model of the Face and Neck of an Infant: the former is spotted with Strophulus; the latter with Rupia.		
2686	Wax Model of part of a Thigh and Leg affected with Lichen.		
2687	Wax Model of part of the Abdomen, thickly covered with Lichen, interspersed with a few small Pustules. (Venereal.)		
2688	Wax Model of part of an Arm, sprinkled with Lichen, intermixed with a few small Pustules. (Venereal.)		
2689	Wax Model of part of the Abdomen, with clusters of Venereal Lichen on the decline.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2690	Wax Model of part of the Arm, sprinkled with Lichen: the Papulæ large, and some of them desquamating. (Venereal.)		
2691	Wax Model of part of an Arm, sprinkled with Venereal Lichen, having a good deal of the character of Ecthyma.		
2692	Wax Model of part of an Arm affected with Venereal Lichen, in character approaching to Ecthyma.		
2693	Wax Model of part of an Arm affected with Venereal Lepra: some of the spots are at their height; others are on the decline.		
2694	Wax Model of the Arm of a Man affected with Prurigo.		
2695	Wax Model of a considerable part of the Abdomen, affected with Venereal Lepra.		
2696	Wax Model of the Knee, and part of a Leg, exhibiting Lepra Vulgaris.		
2697	Wax Model of a Hand and fore Arm of a Girl affected with Lepra: the scales assumed a remarkably elevated and limpet shape. The result of the absence of desquamation.		
2698	Wax Model of part of the Thigh, Knee, and Leg of the same subject; exhibiting Crusts of the same form, but larger, and discoloured by Sordes.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2699	Wax Model of part of the Arm of a Boy affected with Lepra, somewhat resembling the preceding specimen.		
2700	Wax Model of part of the Thigh, Knee, and Leg of the same subject.		
2701	Wax Model of the Face of a Woman affected with Venereal Psoriasis.		
2702	Wax Model of part of the Arm of a Boy affected with Icthyosis.		
2703	Wax Model of the Abdomen and Thighs of an Infant, with Measles on the decline.		
2704	Wax Model of the Knee and part of a Leg affected with Purpura of an unusual character.		
2705	Wax Model of the Arm of a young Man affected with Purpura, consequent to Vaccination.		
2706	Wax Model of part of the Back and Nates of a Child affected with Purpura, in small spots.		
2707	Wax Model of the Elbow; shewing several Bullæ, from Pompholyx, on the inner side of the bend of the Arm.		
2708	Wax Model of the Hand of a Man, the back of which is affected with Pompholyx: the blebs were filled with bloody Serum.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2709	Wax Model of the Foot of a young Man, with three large Bullæ (Pompholyx) on the Ancle and Dorsum of the Foot: they supervened, on injury of the Spine, which produced perfect Paraplegia. (See 1036, 2034, and 2096.)	4th Green Insp. Book, page 55. Case of J. Harlow.	
2710	Wax Model of the Hand of a Female, the back of which is affected with Impetigo Sparsa on the decline.		
2711	Wax Model of the Hand of a Man; the back of which is affected with Impetigo Sparsa of long standing.		
2712	Wax Model of the Arm and Hand, extensively affected with Impetigo Sparsa.		
2713	Wax Model of a Female Hand, which is affected with an aggravated form of Psoriasis Palmaris.		
2714	Wax Model of the anterior part of a Leg affected with Impetigo, approaching to the species Scabida.		
2715	Wax Model of the upper part of the Head, severely affected with Porrigo Favosa.		
2716	Wax Model of the Face of an adult Female affected with Porrigo Favosa in an acute form.		
2717	Wax Model of the Face of an adult Male, affected with Venereal Lichen passing into Ecthyma.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2718	Wax Model of an Arm thickly covered with Ecthymatous Pustules. (Venereal.)		
2719	Wax Model of the fore Arm, affected with Venereal Ecthyma.		
2720	Wax Model of a Shoulder and upper Arm, affected with Cachectic Ecthyma: some of the spots approaching to Rupia.		
2721	Wax Model of the fore Arm, affected with Ecthyma Cachecticum; the scab assuming a peculiar honey-comb appearance.		
2722	Wax Model of the fore Arm, affected with Variola. The early stage is shewn.		
2723	Wax Model of the fore Arm, affected with Variola in an advanced stage.		
2724	Wax Model of part of the fore Arm; shewing a variety of Scabies Purulenta, combined with Scabies Papuliformis.		
2725	Wax Model of a Hand affected with Scabies Purulenta.		
2726	Wax Model of the Hand of an Infant, affected with Scabies Purulenta.		
2727	Wax Model of part of the Thigh and Leg, affected with Scabies Purulenta.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2728	Wax Model, shewing Cachectic Rupia affecting the Scalp.		
2729	Wax Model of the Face of a young Woman affected with Rupia. Made by M. De Lestre.	Clinical Reports of 1825-6.	
2730	Wax Model of the outer side of the Knee, with a large Crust, assuming a peculiar honey-comb appearance. From the same subject as the preceding.		
2731	Wax Model of the Face of a Man affected with Rupia.		
2732	Wax Model of part of the Arm, affected with Eczema Solare.		
2733	Wax Model of the Face of a Woman affected with the smooth Venereal Tubercle.		
2734	Wax Model of the Face of a Man affected with Acne Indurata.		
2735	Wax Model of the lower part of the Face of a Man affected with Sycosis.		
2736	Wax Model of the Face of a Man affected with Lupus.		
2737	Wax Model of part of a Leg; representing a rapidly-healing Ulcer.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2737A	Wax Model of an indolent Ulcer.		
2738	Wax Model of a Leg; representing a very indolent Ulcer, with a ragged elevated surface.		
2739	Wax Model of the Arm; shewing a large and foul Ulcer, the result of Syphilis and Mercury.		
2740	Wax Model of a Leg affected with common Chronic Ulcer.		
2741	Wax Model of part of the Arm, affected with Cellular Membranous Sores.		
2742	Wax Model of a Knee affected with Cellular Membranous Sores.		
2743	Wax Model of part of a Leg affected with Cellular Membranous Sores.		
2744	Wax Model of part of the side of a Face; shewing Scrofulous Ulcers over the Parotid Gland.		
2745	Cast of the Face, Neck, and Breast of a Girl: the chin bound down on the bosom, by the contraction of a large cicatrix of a burn.		
2746	Another similar specimen, in which the mouth is kept open by the depression of the under-lip.		W. T. Iliff, Esq.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2747	Another similar specimen; the chin not quite so much depressed, but the under-lip much more so: the arm is confined to the side, and the fore-arm kept permanently flexed by a web-like process of new cutis. Taken from a Girl, a patient of C.A.Key, Esq.		
2748	Bust of a young Woman, with a Steatomatous Tumor, commencing near the top of the head, and hanging down on the right shoulder, beyond which it projected a considerable distance. It was removed, at St. George's Hospital, by Sir Edward Home. The patient is said to have been very little disfigured after the operation.	Cat. II. 1.	Brookes's Collection.
2749	Cast of the Leg and Foot of a young Woman; the former very considerably enlarged, from a disease of the subcutaneous Cellular Membrane.		
2750	Cast of the same Leg after it had been amputated; the disease having produced a still greater increase of size.		
2751	Mask from an old Man, whose Frontal Sinuses were kicked-in by a horse.		
2752	Mask, shewing the Nose in a great measure destroyed by Lupus.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2753	Cast of the fore part of a Head and Neck, from a Patient in the Middlesex Hospital, who had lost the greater part of his Face from Carcinoma or *Noli me Tangere:* the Nose, Palate, and one Eye destroyed; the other Eye nearly loose, having lost the greater part of its Orbit.	Cat. IX. 1.	Brookes's Collection.
2754	Wax Cast of the left side of the Face; shewing a small Fistula Lachrymalis.	Cat. CCXX. 2.	
2755	Wax Model of the greater part of the right side of the Face; shewing the Eye affected with Staphyloma.		
2756	Cast of the Head and Face of a Child seven years of age, with a very large Fungoïd Tumor proceeding from the left Eye. A large part of the surface of the Tumor ulcerated.	Cat. CCLIV. 2.	Brookes's Collection.
2757	Bust of a Woman, in whom both Eyes are closed by large Tumors protruding from the Orbits. The patient, a Fishwoman at Billingsgate, for a long time after these Tumors had commenced, was still able to pursue her occupation: she fell in an Apoplectic Fit in Billingsgate, and was brought to St. Thomas's Hospital, where she died. The Tumors were Osteo-cartilaginous Exostoses. The Scull is preserved in the Museum at St. Thomas's.	Cat. CCXII. 2.	Brookes's Collection.
2758	Wax Model of the Face of an aged person, with a large ulcerated Fungoïd Tumor growing from the left Eye.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2759	Bust of a Child, with a large ulcerated Fungoïd Tumor growing from the left Eye.	Cat. ccxxi.2.	Brookes's Collection.
2760	Wax Model of the Face of a Woman affected with Melanosis of the left Eye. There is a similar Tumor, of more recent formation, near the angle of the lower Jaw on the same side. From a patient of Mr. Gosset's.		
2761	Plaster Model of the Face of a Child affected with Hare-Lip.		
2762	Plaster Cast of the Mouth and Nose of a Man affected with Hare Lip; with a deficiency of the Palate, extending to the left Nostril.		
2763	Similar Cast from the same individual, after the operation for Hare-Lip had been performed by C. A. Key, Esq.		
2764	Plaster Cast of the Nose, Mouth, and Chin of an old Woman affected with Hare-Lip.		
2765	Plaster Model of the Face of a Child affected with double Hare-Lip.		
2766	Plaster Model of the Face of a Child affected with double Hare-Lip; the middle portion forming a projection in continuation of the Septum of the Nose.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2767	Cast, in Wax, of a Case of Cancer of the Lip.		
2768	Wax Model of the Nose and Mouth; shewing a very considerable destruction of the soft parts from Lupus or Cancer.		
	(4.) *Models and Casts supplementary to Section* V.		
2769	Bust of a middle-aged Female affected with Goître or Bronchocele, and apparently a Cretin. This individual and two of her Relatives were exhibited in London, a few years ago.	Cat. ccxxiv. 2.	Brookes's Collection.
2770	Cast of the Face, Neck, and Breast of a Female affected with a large Bronchocele. From a patient of C. A. Key, Esq.		
	(5.) *Models and Casts supplementary to Section* VI.		
2771	Wax Model of the Mouth, from which several of the Teeth are gone; shewing a large Fungoïd Tumor growing from the Gums of the lower Jaw.		
2772	Wax Model of a portion of small Intestine which had been strangulated.		
2772^{A}	Wax Model of the Stomach of a Woman, accidentally poisoned by Arsenic. She was a patient of T. Hardy, jun. Esq.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2773	Plaster Cast of the Abdomen; shewing the Intestines, both large and small, greatly distended, after three weeks' absolute obstruction, from a Stricture of the Colon near its termination. (See Prepn. 1854.)	3d Green Insp. Book, page 10. Case of Donald Hart.	
2774	Wax Model of a portion of the Colon; the internal surface thickened, granular, and highly vascular, from severe inflammation. (Dysentery.)		
2775	Wax Model of a portion of the Colon; the external surface of a dark colour with a greenish-olive tinge: the Mucous Membrane of this Intestine is wholly destroyed, either by Ulceration or Sphacelus. Copied from a specimen taken from a patient of Dr. Addison's.		
2776	Plaster Cast, shewing a considerable Prolapsus of the Anus.		
2777	Plaster Cast of a Liver of very small size and irregular form. The Gall-bladder considerably displaced: the effect of contraction of the thickened Peritoneal Coat and interlobular Cellular Structure.		
2778	Wax Model of a portion of Liver which was of large size and far advanced in the fatty degeneration. The Gall-bladder also greatly enlarged.		
2779	Cast of a Liver of considerable size, the surface of which is marked by numerous mammilated elevations and puckered depressions, from thickening and induration of the Cellular Structure between the Acini. (See Prepn. 1907A.)	5th Green Insp. Book, page 102. Case of M. Paterson.	

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2780	Wax Model of a portion of the Liver from which the preceding Cast was taken; shewing the thickened Cellular Tissue and fleshy Acini.		
2781	Cast of a Liver containing numerous Fungoïd Tubercles. The patient had a Scirrhous Mamma. (See Prep^{ns}.1780, 1922, and 2317.)	3d Green Insp. Book, page 15. Case of S. Gregory.	
2782	Wax Model of a portion of Liver, containing a large well-defined Fungoïd Tubercle. (See Prep .1928^{A}.)		
2783	Cast of a greatly-enlarged Spleen.		
	(6.) *Models and Casts supplementary to Section* VII.		
2784	Wax Model of a Kidney affected with the Chronic form of the white mottling Deposit described by Dr. Bright.		
2785	Plaster Casts of two Kidneys, of which the Infundibula are much thickened.		W. T. Iliff, Esq.
2786	Plaster Cast of the Abdomen, from an individual of about 14 years of age, of doubtful gender, and in whom the anterior portion of the Bladder is wanting; the Ureters opening externally.		
2787	Plaster Cast, from a Man, aged about 33 years, in whom the anterior part of the Bladder was deficient: the Ureters terminated in the Fungous Excrescence, and the Umbilicus was situated at the upper part of it.		

Nº.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2788	Plaster Cast of part of the Abdomen of a Man, in whom there was a red granulating surface, rather larger than a crown-piece, a little below the Umbilicus, surrounding a fistulous opening which communicated with the Fundus of the Bladder, and allowed the constant escape of Urine.		
	(7.) *Models and Casts supplementary to Section* VIII.		
2789	Plaster Cast of the Pubic region and Perineum of a Female; shewing the effects of very extensive and deep Phagedenic Ulceration: both Ossa Pubis and part of the right Ischium completely exposed. (Venereal.)		
2790	Plaster Cast of the left side of the Breast; shewing the Mamma greatly enlarged by malignant disease, and accompanied with numerous subcutaneous Tubercles. (See Cast of the Liver, Prepns. 1780, 1922, and 2317.)	3d Green Insp. Book, page 15. Case of S. Gregory.	
2791	Wax Model of a Female Mamma affected with Cancer, and deeply ulcerated.		
2792	Cast of the anterior part of the Thorax of a Female patient of C. A. Key, Esq. affected with Ulcerated Cancer of the left Mamma. (See Prepns. 1161 and 1162.—Cancerous Tubercles found in the Femur of the same subject.)		
2793	Cast of the left side of the Chest: the Mamma affected with Cancer or Fungoïd disease, with extensive Ulceration.		
2794	Plaster Cast of a Mamma affected with extensive Ulceration.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	(S.) *Models and Casts supplementary to Section* IX.		
2795	Cast, shewing a large Fungating Granulation: probably the result of an Abscess in the Testicle.		
2796	Cast of the lower part of the Abdomen; shewing a large Fungoïd Ulceration in the right Groin. Taken from a patient of John Morgan, Esq. The Testicle had been removed for Fungoïd disease, which re-appeared in the Cord. The patient died, exhausted by repeated Hæmorrhage. Neither the Glans in the Pelvis, nor any other part of the body, participated in the disease.		
2797	Plaster Cast of a case of Hydrocele.		
2798	Plaster Cast of a case of Elephantiasis of the Scrotum.		
2799	Plaster Cast, exhibiting Chimney-sweeper's Cancer affecting the Scrotum.		
2800	Plaster Cast, shewing the same disease from another subject.		
2801	Wax Model of an Ulcer on the Scrotum, from Chimney-sweeper's Cancer.		
2802	Plaster Cast of the Abdomen and upper part of the Thighs; shewing very extensive Phagedenic Ulceration. (Venereal.)		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2803	Plaster Cast of the Pubic region; shewing the Penis greatly mutilated, from Phagedenic Ulceration. (Venereal.)		
2804	Wax Model of a Penis: the Glans and Prepuce affected with numerous indolent Ulcerations.		
2805	Wax Model of a Penis; the Glans and Prepuce in a great measure removed by Phagedenic Ulceration. The Integuments swollen and œdematous.		
2806	Wax Model of a Penis; the Glans ulcerated, and protruding through an ulcerated opening in the Prepuce. The anterior part of the Prepuce much swollen with Œdema.		
2807	Wax Model of a Penis; shewing numerous Venereal Warts on the Glans and Prepuce.		
2808	Wax Cast of a Penis; shewing Cancer of the Prepuce.		
	(9.) *Models and Casts supplementary to Section* X.		
2809	Plaster Cast of Inguinal Hernia on the right side.		
2810	Plaster Cast of Inguinal Hernia on the left side.		
2811	Plaster Cast of Inguinal Hernia on the right side. (Scrotal.)		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2812	Plaster Cast of a very large Scrotal Hernia.		
2813	Plaster Cast of a very large Scrotal Hernia, almost descending to the Knee. (See the Sac.)	Green Insp. Book, page Case of	
2814	Cast of a very large Scrotal Hernia of 40 years' duration. It was 16 inches in length, and more than two feet in circumference. It ultimately became strangulated; for which the external Abdominal Ring was divided. There are two Ulcers on the Scrotum; and a large and deep one on the right Groin, where the operation was performed.	Cat. CXXXIV. 1.	Brookes's Collection.
2814^{A}	Plaster Cast of a Case of Strangulated Scrotal Hernia: the outline of the descended portion of Intestine was distinguishable through the Integuments, which were in a state approaching to Gangrene. No medical attention was called for until the patient was at the point of death. Made by W. J. Slight, Esq.		W. J. Slight, Esq. Portsmouth.
2815	Plaster Cast of a Hernia in the right Groin; supposed to be direct.		
2816	Plaster Cast of Femoral Hernia: from a Female patient.		
2817	Wax Model of a dissected Femoral Hernia in the Male. (See Prep^{n}.2501, and a Drawing by H. Peacock, Esq.		
	(10.) *Models and Casts supplementary to Section* XI.		
2818	Plaster Cast of an adult figure of doubtful gender.		

Nº.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2819	Wax Model of the lower part of the Abdomen and Perineum, faithfully representing the mal-formed Genital Organs of the subject of the preceding Cast.		
2820	A Miniature Statue of a Chinese Youth, about 17 or 18 years of age, who had a living Fœtus depending from the upper part of the Abdomen. Modelled in China, from the living subject; and presented to Joshua Brookes, Esq. by Roberts Simmons, Esq.	Cat. CCLVII. 2.	Brookes's Collection.
2821	Cast of an imperfect Fœtus, and part of the Viscera surrounding it; taken from the Abdomen of a Lad about 16 years of age. The parts themselves are preserved in the Museum of the Royal College of Surgeons.	See the Case by Mr. Highmore.	Sir Astley Cooper.

PART III.

ZOOLOGY,

AND

COMPARATIVE ANATOMY.

OBSERVATIONS ON PART III.

The Museum, at present, possesses so small a number of specimens relating to the subjects of Natural History and Comparative Anatomy, that some doubts have existed as to the propriety of publishing this part of the Catalogue.

The motives for suppressing it have, however, been outweighed: first, by the desire of directing the attention of the Pupils to these branches of Science, which are, in general, far too much neglected by the Medical Students of this country; and, secondly, by the wish to make known, to those who may have the opportunity and inclination to contribute to this part of the Collection, that these departments have been neither lost sight of, nor undervalued, in the formation of the Anatomical Museum of Guy's Hospital.

The design of this Work does not require any general remarks, or particular observations, respecting the objects belonging to this Part: they would increase the bulk of the Volume, without lessening the necessity of an acquaintance with Books professedly devoted to the subjects of Natural History and Comparative Anatomy.

The reasons which have been assigned for the publication of this Part of the Catalogue have, also, induced the Author here to insert a few hints respecting the collection, preservation, and packing of objects of Natural History. They are principally extracted from Instructions on these points, drawn up, at the request of the French Government, by the Professors of the Jardin du Roi, at Paris. To his excellent and valued friend, A. A. Royer, the Author is indebted for a copy of these Instructions: and he must not omit to recommend to the lovers of Natural History, the interesting account which that Gentleman, in conjunction with M. de Luze, has given of that truly admirable Establishment, the Jardin du Roi, to which he has for many years been most usefully attached.

The Instructions of the Professors of the Jardin du Roi relate—

1. To the mode of collecting and preparing objects of Natural History.

2. To the mode of packing them, and sending them to their place of destination, in the best state of preservation.

3. To the points to which it is desirable to attend, as to matter of form, in drawing up the Notes which ought to accompany the specimens collected.

4. To the specification of the objects more particularly desirable for collection.

The Collection in the Museum of Natural History at the Jardin du Roi consists of objects of all the three kingdoms; and the Instructions given by the Professors are arranged under three corresponding Divisions. The first, which treats of the Animal Kingdom, is the only one which relates to the subject of the present Work. It is extracted nearly entire, in the following pages.

"The study of Zoology at the Jardin du Roi is not confined to the observation of the forms of animals and the description of their organs: the investigation of their habits, their development and their instincts, and the discovery of uses to which they may be applied, are objects which are also kept in view. Formerly, there were no other means of obtaining information on these important points than the accounts given by Travellers. The Establishments which were formed, with great expense, by Princes and opulent Amateurs, for the purpose of bringing together and preserving some rare animals, were rather objects of luxury or curiosity, than of study. Since a Menagerie has been attached to our Museum, a new path to observation has been laid open to Naturalists. There we may watch animals through all the stages of their development: we may compare their mode of existence during life, with their organization, made known by anatomical examination after death. There we may obtain positive information concerning the important phænomena of copulation, gestation, and birth. We may distinguish the varieties dependent on age, from those which are produced by climate, by food, and by the intermixture of races; and determine, with certainty, the differences really existing between species. When the animals are of a description to be of service either in domestic economy or in agriculture, and can be propagated with us, we have the means of bringing them up and domesticating them, and thus of procuring new resources for our country. The Vigogne, the Lama, the Kangaroo, and the Cassowary, may one day become highly useful.

" In a scientific point of view, there are few animals foreign to Europe which it would not be very useful to study. With the exception of the Asiatic Elephant, the Royal Tiger, and the African Lion, the history of them all is more or less incomplete. Even that of the Lion has only been well known since the Lioness at the Menagerie has borne young ones: and it is to the death of two Elephants, at the Menagerie of the Museum, that we owe an exact knowledge of the anatomy of that gigantic quadruped.

" We cannot too strongly recommend to Travellers, who may have it in their power to obtain living animals, to neglect no opportunities of collecting and sending them.

" Small quadrupeds, and especially those which burrow and conceal themselves under ground, are the least known.

" Animals may easily be procured, by application to the inhabitants of the country; who know where they are to be found, and must often fall in with them: they may be snared, and taken alive. It will not be difficult to take, at a very early age, the young of those quadrupeds whose haunts are known, and of birds whose nests have been discovered.

" The younger the animals are taken, the more easy is it to accustom them to live in confinement.

" They will at first require particular care: they should always be kept for some weeks on land, before they are embarked; and too much pains cannot be taken to render them familiar. An animal that is not alarmed at the sight of his keeper always enjoys better health, and is more capable of resisting the fatigues of a voyage, than one which continues wild: there is scarcely any animal which we may not, by mild treatment, succeed in taming.

"Excess of food is extremely injurious to animals kept in confinement, and deprived of the opportunity of taking exercise. The surest means of preserving them is, strictly to limit them to what is absolutely necessary.

"Next to proper food, cleanliness is the most essential point to which attention must be paid. Persons may always be found, on board the vessel, who would be willing to take charge of the animals, either for a moderate recompence, or for the sake of amusement. It is very important to guard against the animals being disturbed and irritated by the passengers.*

"As there are always some difficulties in the conveyance of living animals, the collection of dead specimens is necessarily an object of more easy and general attainment.

"In giving instructions for the preservation of the remains of dead specimens, it will be necessary to consider them under the heads of Quadrupeds, Birds, Fishes and Reptiles, Crustacea, Insects, Mollusca and other Worms.

"Quadrupeds may be procured, either by sending hunters into the interior of the country, or by application to the natives. When the animal is of large size, and has been killed at too great a distance to admit of its being preserved and conveyed entire, one must be satisfied with taking the skin, with the head and feet. Such of the Mammalia as are sufficiently small to be put in a jar or barrel, should be preserved in spirit. When the animal is too large to be preserved in this way, it should be skinned: and care should be taken to send, together with the skin, the feet, and also the head, from which the brain should be removed. When the entire head cannot be preserved, the jaws, at least, should be retained. In preparing the head, care should be taken not to injure the cranium. With a little management, the brain may be removed without enlarging the Foramen Magnum.†

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* In addition to the hints given on this subject by the French Naturalists, it may be observed, that most Birds should be allowed, occasionally, to have access to water; since they require it, not merely as a beverage, but for ablution. Serpents, and some others of the Reptilia, are apt, in a state of confinement, to refuse food. When this is the case, it is advisable to keep them in a cool temperature: but if they are willing to feed, moderate warmth is favourable to them.

These directions respecting procuring and managing living specimens will, by some, be thought superfluous in a Work like the present: the Editor, however, has been unwilling to mutilate the Zoological Section of the Memoir from which they were translated; conceiving, that it will be more valuable as a whole, to Travellers interested in the cultivation of this branch of Natural History. Although there is no Menagerie connected with the Museum at Guy's Hospital, living specimens will always possess a value superior to that of dead, more especially if the latter be not recent.

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† When an animal is too large to be preserved entire in spirit, it will be very desirable to keep some of the internal organs, as well as the skin, with the head and feet. The most important, for this purpose, are the stomach and cæcum. The isthmus of the fauces, with the pharynx and larynx, will be a valuable accompaniment to them. The eyes, kidneys, and renal capsules, may also be preserved. The genital organs, both internal and external, are of scarcely less importance to be preserved than the parts of the alimentary canal above mentioned: this will be peculiarly the case, if the individual happen to be a female in the gravid state. We may not only obtain, by this means, a miniature and portable specimen of some of the most gigantic and unwieldy animals, but also become acquainted with new facts connected with the function of reproduction.

The Author is inclined to believe, that the investigation of this subject may be found very interesting in reference to the Geography of Animals.

The Classification of Animals, founded on their organization, as presented in the *Règne Animal* of Cuvier, appears to leave little or nothing to be desired with respect to the object for which it was designed. The numerous subjects of the Animal Kingdom, examined in their state of maturity, are reduced to tribes and families; which, as far as their structure, habits, and economy, are concerned, appear to be strictly natural. But it has been remarked, in a former part of this Volume, that every classification of the objects of Natural Science is, to a certain degree, artificial. Whilst one classification clearly exhibits some of the relations by which the various objects are linked together, other relations are necessarily more or less lost sight of. These, when referred to for the

" The processes to be employed for the preservation of the skin, and for making wet preparations, will be hereafter described. When the skeleton as well as the skin of the animal can be sent, it will be rendering a great service to Science to do so. The Officers may entrust the care of making them to the ship's Surgeons, to whom the operation will be very easy.

" It is not necessary that the skeletons should be mounted.

" After having boiled the bones, removed the flesh from them, and well dried them, all those belonging to the same animal should be put into a linen bag, with moss, sea-weed, paper-shavings, or some other dry substance, to prevent their rubbing against each other: those which are very

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the principle of connection, may probably lead to a different arrangement; which, although in most respects inferior to the former, may, nevertheless, be worth occasionally contemplating, as offering results which might otherwise escape observation.

A certain degree of analogy appears to be exhibited in the production of all organized beings, both Plants and Animals, affixing peculiarities connected with time and place. The existence of the former is notorious to all who have paid any attention to those fossil remains of Plants and Animals which are so invaluable to the Geologist. The peculiarities which at the present day mark the organized productions of different parts of the globe, and which cannot be wholly referred to climate, as modified by latitude, and greater or less elevation, are equally notorious, and must be admitted to afford matter for more useful and generally interesting investigation. With respect to the Vegetable Kingdom, this subject has been ably examined and elucidated by that distinguished Botanist, Robert Brown. With respect to Animals, it has perhaps not, as yet, been so systematically taken up. Botany, however, offers a hint which may possibly be turned to some advantage. In the grouping of Plants, the examination of the parts destined to reproduction is of the utmost importance. It is sufficient to give, by way of illustration, one example of a peculiarity in this respect, characteristic of different regions. Taking the Plants of the Old World collectively, it will be seen that those possessing five stamina and one pistil bear a larger proportion to the whole, than those which are possessed of any other number of stamina and pistils. In the New World, this predominance gives place to that of Plants possessing ten stamina and one pistil. It is by no means improbable, that the careful examination of the phænomena of reproduction

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tender and fragile should be folded up in paper; and attention should be paid that no bone be lost.*

"Those who will take the trouble to procure specimens of Birds, must remember to proportion the shot to the size of the bird, in order that it may be as little mutilated as possible. When the bird has fallen, the blood should be wiped off; and a little cotton put into the mouth and nostrils, to prevent the blood from escaping, and spoiling the feathers, especially those of the head. If blood has been spilt upon the feathers, some light absorbent powder should be put upon them, and renewed until they are dry. If the feathers are still stained, they may, without fear, be washed with water: they are then to be allowed to dry, and their lustre is to be restored by gently passing them

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in Animals might detect some analogous prevailing resemblances amongst animals, referrible to the spot from whence the original stock was derived, rather than dependent on the size, habits, and economy of the animal. That such indeed is the case, we may the more reasonably conclude, from the well-known fact, that the Australian Quadrupeds, whether carnivorous or graminivorous, whether living in trees like the Phalangers, on the ground like the Kangaroos, or in the water like the Ornithoryncus, are all Marsupial. In the Old World, the Rodentia, like the Feræ, have placentæ, which form a girdle or belt round the fœtus. The Cabias, which may be regarded as Rodentia purely American, have circular placentæ, nearly in the form of a Mushroom.

The Author is not prepared to support this suggestion by much further illustration: its investigation will be promoted by the means which he has pointed out: and should they lead to its complete rejection, they cannot fail to enrich our store of facts relating to one of the most obscure and interesting branches of Physiology.

* Boiling the bones for the purpose of preserving the skeleton, although it saves time, is liable to objection, and should, if possible, be avoided: since it not only injures the texture of the bone, and, in young subjects, separates the epiphyses, but is liable to fracture some of them by the contraction of the ligaments. The best plan, when time will admit of it, is to employ simple maceration in a small quantity of water, in a situation favourable to decomposition. When this cannot be done, remove the flesh as well as circumstances will allow; and let the bones be thoroughly dried, without separating them. They may either be sent home in this state, or be more completely cleaned when an opportunity occurs.

between the fingers. After the bird is cold, and the blood coagulated, it is to be taken by the legs and tail and put into paper, rolled up so as to form a funnel-shaped bag (like a grocer's sugar-paper): these bags are to be put into a box, so that the feathers may not rub. Birds are to be skinned like quadrupeds; and the same care is necessary for the preservation of the legs and the head. It is of more importance with respect to birds than quadrupeds that the skin should be early taken off; for as soon as putrefaction has commenced, the feathers fall out. In making the incision along the breast, in order to take off the skin, it is necessary to be careful to turn aside the feathers, that they may not be injured. Some absorbent powder, such as plaster-of-Paris or fine light saw-dust, should always be put on the skin, to absorb the serosity *. The Os coccygis should be left with the skin of the tail: without this precaution, the tail feathers will be in danger of coming out: for the same reason, the bones at the extremities of the wings should likewise be left †. If the bird has a fleshy crest, the head should be preserved in spirit of wine ‡: and when several specimens of the same species can be procured, it will always be useful to send one entire, as a wet preparation. When practicable, it is quite desirable to have, at the same time, and of the same species, specimens of the male and female, and of different ages, from the earliest. Birds vary very much, according to their age:

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* The application of absorbent powders to bloody feathers, and of plaster-of-Paris, saw-dust, and the like, to the inside of the skins of Birds, is objected to, by a very skilful Ornithologist. The first it is better to wipe and wash; and to the latter may be applied either the arsenical soap hereafter mentioned, or burnt alum, or a solution of corrosive sublimate in spirit of wine. The last plan is said to answer extremely well, and is by many believed to be that employed by the celebrated Waterton.

† Although the os coccygis ought to be left with the skin and feathers of the tail in Birds, the glands at that part should be carefully removed.

‡ In these cases, a note, or drawing of the head of the Bird, should also be made: since the colours of this part, which are often remarkable, will not be preserved in spirit.

and in some the difference is so great, as to have been attributed to a difference of species.

"It will be very useful to have likewise the eggs and nests. In order to preserve the eggs, they are to be emptied, by making a small hole at each end. They are to be packed in bran, or fine soft saw-dust. Numbers should be affixed to them, corresponding to those attached to the skins, in order to point out to what species they belong: without this, the collection of eggs will be useless. Similar precaution should be taken with respect to the nests, which should always be packed separately from the eggs.

"When a bird is too large to be kept entire in spirits, the skeleton should, if possible, be preserved.

"It is useless to attempt to stuff the birds: they then occupy too much room; and the operation, which can only be properly performed by experienced hands, will be much better left until the specimens have reached their destination. It is sufficient that the skin, the feet, and especially the head, are well preserved.

"Although amongst the Sea Fishes there are many species which are common to several localities, the greater number are peculiar to particular gulphs and shores: it will therefore be useful to send all the fishes which are to be met with in countries not hitherto visited by Naturalists, not excepting those which are commonly sold in the markets.

"As to Fresh-water Fishes, the species are not only different in different countries, but also in different rivers and lakes: it is therefore expedient to send all of these which can be procured. Any fish from a foreign market, accompanied by the popular name which it bears in the country, will in general be an interesting acquisition.

"Specimens of Fishes should be put in spirit; or, if they are too large for this purpose, the skin should be preserved and well dried, with particular attention to the head and fins. It is very essential that the fins, whilst drying, should be well stretched: for this purpose, they may be stuck on paper, or kept extended by means of wire. The former method is preferable.

"Reptiles should likewise be put in spirit; unless they are too large, when their well-dried skins should be sent. When Serpents are skinned, great care should be taken not to injure their scales *. Care should also be taken not to break the tails of Lizards. It will be desirable to send the skeletons of such Fishes and Reptiles as are too large to be preserved, as wet preparations †. It is not necessary to complete the preparation of these skeletons: it will be sufficient roughly to take off the flesh, and perfectly dry the bones, without separating them. The bones should be packed up in boxes, with cotton, or with some fine and dry sand: and should the skeleton be too long, it may be separated into two or three portions.

"Insects vary greatly, according to the climate and the nature of the soil. It is by no means sufficient to collect the largest and the richest in colour: they should be gathered indiscriminately.

"Those that are furnished with wings, and sport on plants, should be caught with gauze nets; and those which swim in the water, with nets of clear muslin. Those insects which live on putrid and disgusting substances should be taken with forceps; and put into camphorated spirits of wine, to purify them ‡. A multitude of insects

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* Serpents may be skinned, either by turning the skin from the head to the tail, or by making an incision along the whole length of the abdomen. Both methods have their advantages. By the former, the skin is preserved more nearly entire, and may be more easily stuffed: by the latter, the removal and drying of the skin is facilitated. It may also be more easily and conveniently packed: for, when dried, and rendered secure from the attacks of insects, either by the application of the arsenical soap or the mercurial solution, it may be readily rolled round the head, and reduced to a very small compass.

† Considerable dexterity is required in the preparation of the skeletons of Fishes, and of some Reptiles: hence it will be preferable, when time or the necessary skill is wanting, to send the specimens in a dried state, after having removed no more of the soft parts than may be absolutely necessary for this purpose.

‡ The immersion of Insects in camphorated spirit of wine must often be quite inadmissible; since the camphor, which will unavoidably attach

itself

feed upon trees: most of these may be procured, by seeking for them under the old bark of the trunk, or by shaking the branches over a sheet or an inverted umbrella.

“ The best means of taking at once a great number of Insects of many kinds, but especially of small Coleoptera, Hymenoptera, and Diptera, is, to sweep a muslin bag, kept open by an iron wire at its mouth, rapidly over plants in the fields, and in open spaces amongst trees &c. This is called *chasser en fauchant,* from its resemblance to the act of mowing. The insects which happen to be upon the flowers or leaves will fall into the sack; those that remain quiet may be taken with the fingers; and those which attempt to fly away, with gauze forceps: in this way may be taken, at once, dozens of species, and hundreds of individuals; from amongst which we may select those that are not known. There are many insects that can only be procured by these means; and the poverty of our Collections, with respect to the insects of hot climates, is in part to be attributed to the neglect of it. Gauze forceps, however small, will be sufficient for seizing Lepidoptera which have been taken with the bag; because, when the body of the insect is held by their means, it is easy to pierce it through the gauze. When an insect is taken, it is to be held by the corselet, pierced with a long pin, and stuck on wax or cork, in a box.

“ Care should be taken that the wings of Butterflies, which are kept in agitation until the animal is dead, do not come in contact with any thing. When the insects are dry, they are to be put in card-boxes, with wax or cork at the bottom; into which the pins must be stuck, with suffi-

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itself to them, will destroy their natural appearance. The odour derived from the substances on which the insects have been found will generally be dissipated whilst they are drying, or removed by the alcoholic solution of corrosive sublimate which should be applied to those parts which are not liable to be injured by being wetted. If the insect be of large size, the viscera should be removed. The arsenical soap, or the solution of corrosive sublimate, should be applied to the internal surface; and the cavity should be filled with cotton.

cient firmness to prevent the insect from becoming detached: care must also be taken not to arrange insects of various sizes in one box. Insects of large size should be secured with more than one pin, firmly inserted*. In warm climates, in which Termites abound, there is danger of losing the insects which have been collected, if they are stuck into wooden boxes, which the Termites can penetrate with the greatest ease: it would, therefore, be better to make use of tin-boxes; but then we must not shut the insects in them until they are completely dry; otherwise, for the want of air, they will become mouldy, and decay. They are not to be stuck very closely together; otherwise, on their arrival at their place of destination, there will be danger of injuring their feet and antennæ, in the attempt to remove them from the box. It is a good means of promoting the preservation of insects, to impregnate the wood or cork at the bottom of the box with some essential oil; but attention should be paid that this oil be free from moisture, otherwise it will be in danger of promoting mould and decay.†

" The Larvæ of Insects should be sent in spirit. It is also very useful, with the Butterfly, to have the Grub and Pupa which produce it.

" When a very fine Grub or Caterpillar is taken, it would be well to set it aside with some of the leaves of the plant on which it was found, in order that it may have the opportunity of undergoing its transformation. It should be kept in a box, perforated for the admission of air.

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* One of the pins should pass through the thorax; another through the body; or, in the case of the larger Coleoptera, which are not easily pierced, a sufficient number of pins should be placed at the side of the body, to secure it in a proper situation: the due position of the legs may also be maintained by small pins placed beside them.

† Camphor and the turpentines are very useful in preventing the attacks of Termites, Dermestes and other insects, and will render it quite needless to impregnate the bottom of the box with essential oil: there may, however, be some advantage in adding a few drops of one of these oils, but more especially of the oleum Cajeputi, to the solution of corrosive sublimate.

"All Insects, with the exception of Butterflies, may be put in spirit. It is the best method of sending those which are of a rather large size; and has, besides, the advantage of preserving the internal organs, which may be required for examination.

"Boxes for insects, with cork or wax at the bottom, are inconvenient, from the space which they occupy: the insects contained in them, if not very light, may be detached, and a single loose one may injure all the others. A more simple mode of preserving the larger Coleoptera is, after having dried them, to place them in a box with cotton, packing them carefully, like other brittle objects. The same plan likewise answers for the Crustacea; but it is obviously inapplicable to small insects, to Butterflies, and to animals which are of a very soft consistence. The two first must be fixed in boxes; and the last should be sewed up in linen, and kept in spirit.

"It is requested, that those individuals who are willing to undertake the collection of Insects would more particularly endeavour to send the following:—

"1. Arachnidæ, and Insects reputed venomous: such, also, as are particularly noxious; as, the Termites or White-Ants. Their nests should accompany them, when they are sufficiently firm to bear the transport.

"2. Insects which are esteemed as possessed of Medical properties: those which are employed in dyeing, as the different species of Cochineal: that which produces Gum Lac: that, whose secretions, mixed with oil, forms a sort of wax, of which bougies are made: the different species of Silk-Worm, with their cocoons, Moths, and specimens of the manufactured silk. Madagascar, the North of India, and China, produce many species of Silk-Worm which are different from ours. The different species of Domestic Bees may be collected; with the particulars of their history, and of the mode in which they are managed, &c.

"3. The Productions of Insects ought not to be omitted, if they are interesting by their singularity, or are calculated to give new ideas respecting the instincts of these animals.

" 4. In the last place, in collecting Insects, it must not be forgotten, that a specimen of the Plant on which the insect feeds should be taken with it: it should be preserved in an herbarium, and marked with a number corresponding to that attached to the insect.

" With respect to the Crustacea, Crabs, and Lobsters, those are more particularly to be collected which are used as food, taking care to note the popular names, those which frequent the shore, those which live in fresh water, and those which feed on fish. One must be satisfied, when the specimen is very large, with preserving merely the shell: and this, before it is dried, should be carefully washed in lime-water.

" The Crustacea of smaller size should be inclosed in linen, and put in spirit. Before putting them into the spirit, it is very important to thoroughly purge them in lime-water, in order to free them from the salt with which they are impregnated: without this precaution, the greater number will spoil in the spirit. This fate happened to many of the specimens in the rich collection of Péron.

" Mollusca should be preserved in spirit. Those which are furnished with a shell of some considerable size should be detached from it; and the shell packed in paper, and marked with a number corresponding to that on the bottle containing the insect. In order to separate the animal from its shell, it should be drowned in water deprived of air: and after it is dead, it may be easily drawn out with a pointed instrument, and put in spirit.

" The sea is peopled with an infinite number of soft and gelatinous Mollusca. Some of them are solitary: others live in company. Most of these animals are unknown: and the study of them is the more important, as they afford general ideas, both of the structure of organized beings, and of the varied forms under which living Nature exhibits herself.

" Surgeons, and lovers of Natural History, may, when at sea, procure a great number of these interesting animals.

It is only necessary to take them in a net, well wash them in fresh water, and put them in spirit; with the precautions to be hereafter pointed out. A Note should be made at the time, stating the latitude in which they were taken; whether they are solitary, or live in society; whether they are phosphorescent; whether they live at a certain depth, or at the surface of the water. As the colours of gelatinous animals are not preserved in spirit, it is very important that they should be noted.

" There exists at great depths of the sea a multitude of animals which never come to the surface, and which are entirely unknown. Many of these may be procured by fastening to the sounding-lead an instrument calculated to take hold of them*. Some of these animals may be collected upon the lead itself. They should be well washed in soft water, and put in spirit.

" As much pains should be taken to collect Land Shells as those which are Aquatic. Fossil Shells are also of great interest. Very brittle Shells, as Urchins, Sea-Stars, &c. should be packed up in cotton, with great care, and placed separately in boxes. The Urchins and Sea-Stars should be washed in lime-water†.

" Madrepores should be fixed with wire to the bottom of the cases in which they are packed.

" Worms, when they can be procured, and those especially which are found in the bodies of other animals, should be prepared in the same manner as the Mollusca, and preserved in spirit.

" With every animal which is collected, whether the skin or skeleton, or the entire animal in spirit, be sent, there should be an accompanying Note; stating precisely,

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* The selection or contrivance of the instrument for this purpose must be left to the ingenuity of the Traveller; who, according to the nature of the specimens which he expects to procure, will be induced to try barbed points, branching-hooks or tenacula, or something acting as a net and calculated to detain objects in suspension in the water.

† If lime-water cannot be obtained, a weak solution of subcarbonate of soda or ammonia may be used instead; or if neither of these are at hand, more attention must be paid to washing them with fresh water. They should also be well rinsed in fresh water, after soda has been used.

"The country where it was found;
"The season at which it was taken;
"The manner in which it subsists;
"Its habits, when they are known;
"The name which it bears in the country;
"Whether it is useful or noxious;
"The uses which may be made of its skin, its flesh, its fat, &c.
"The popular opinions or superstitions entertained respecting it by the inhabitants of the country.

"These Notes should be written in a book, and be distinguished by numbers corresponding to those attached to the animal to which they relate.

"To prevent any confusion being made between the Specimens and the Notes on their arrival, it will be proper that the person who has the care of sending them should previously verify the numbers, and arrange them so that they may form a continued series;—that it may be certain, for example, that this Butterfly belongs to that Grub; or such a Molluscum to such a Shell.

"The numbers may be written on parchment, or on plates of metal; and are to be fastened with wire, either to the skins in the cases, or to the jars or casks in which the animals are contained. It is easy to have numbers punched in plates of metal; and this plan will prevent any mistake arising from doubt respecting the figures. Thin plates of tin may also be used, on which the figures can be engraved. These numbers may be attached to the animal, and put with it into the spirit. Another plan consists in fixing to the preparation, whether wet or dry, a small cord with knots. These knots being separated, by an interval, into two series, the first will denote tens; and the second, units; so as to designate the desired number.

"Experience has shewn, that the name of the specimen may be simply written with ink on a piece of parchment tied to the object: the spirit will not obliterate it.

" We have, in the next place, to describe the mode of putting up Zoological specimens, so that they may arrive in the best state of preservation.

" The skins both of Birds and Beasts are liable to be attacked by Termites and other similar insects; and, in warm countries especially, they will be soon spoiled, if means are not employed to protect them. The surest plan is, to employ the Arsenical Preservative, known by the name of Becœur's Soap*.

" This preservative is employed in the Museum; and its efficiency is certain. It will be expedient to have recourse to it more especially for unique and valuable objects, and for those respecting the preservation of which it is desirable to leave no room for apprehension. The skins and more particularly the feet and beaks of Birds should be anointed with it. For want of taking this precaution between the Tropics, a whole case has been quickly devoured by insects. All the naked parts of Quadrupeds, such as the face and hands of Monkeys, should be similarly anointed. When this soap has been employed, it is right that notice of it should be given, in order that due care may be used in unpacking the cases, and shaking the skins.

" Each bird prepared in this manner, and having some

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* " The Receipt for the Arsenical Soap, called Becœur's Soap, is as follows:

Camphor	5 oz.
Arsenic, in powder	2 lb.
White Soap	2 lb.
Sub-Carbonate of Potash . .	12 oz.
Quick Lime, in powder . .	4 oz.

" Cut the soap into small and very thin slices, and put it into a vessel with a very little water, over a slow fire; taking care to stir it frequently, with a wooden spatula. When it is completely dissolved, so that no lumps can be observed, add the sub-carbonate of potash and the powdered lime. Having removed it from the fire, put in the arsenic, and stir the whole together: lastly, put in the camphor, reduced to powder, and, with the help of a little spirit of wine, triturate the whole well together. This composition should be of the consistence of stationer's paste.

" Keep it in glazed pots, taking care to have them properly labelled.

" When the soap is wanted for use, put the quantity judged necessary into an earthen jar; and dilute it, with a little cold water, to the consistence of gruel.

" The pot should be covered with a card-board lid; having a hole in the middle, for the passage of the brush with which the soap is to be applied."

cotton wool placed within it, not to give it form, but to prevent the different parts of the skin from coming in contact, should afterwards be put into a paper-bag, well closed. These bags are to be arranged in a case; which should be carefully pitched, so as to exclude air as well as moisture. The skins of large animals are to be slightly stuffed with cotton or tow, and packed in cases rendered impenetrable to air and water.

"The means here pointed out are simple; and they are easily and expeditiously executed.

"We come, in the next place, to speak of the process for preserving animals in spirit.

"Quadrupeds, Birds, Reptiles, and Fishes, when of tolerably large size, are to be separately wrapped up in linen, which is to be sewed round the body. If the animals are very small, such as Mice, small Snakes, Mollusca, or Worms, take a pretty good-sized piece of linen; arrange several of the animals in question upon it, in such a manner that they do not touch each other; fold the linen about them so as to form a roll; and sew it, so that the contents may not be deranged. Pack these rolls by the side of each other, in a barrel, of which the head has been taken out. When the barrel is so full that the packets or rolls may be secured from motion, the head of the cask is to be replaced, and brandy, rum, tafia, or, as a general rule, any strong spirit, is to be poured in at the bung-hole, until the cask be full. The cask is afterwards to be pitched, in order that none of the liquor may escape.

"This method possesses two advantages. In the first place, the animals wrapped up and enclosed in linen are prevented from tearing each other with the nails and spines with which they may be armed: secondly, the linen being saturated with alcohol, if the barrel should happen to leak, the animals will not be immediately left dry: and when the barrels are examined, which they ought to be repeatedly during a long voyage, it will not be too late to replace the alcohol which may have been lost.

"The spirit should be from 16° to 22° of the areometer of Baumé, (*i.e.* from sp. gr. ·955 to ·915.) If it be stronger than this, the colours of the animals will be entirely destroyed. It is only with the Mammalia that it should be used of 22°. Spirit distilled from rice or sugar, French brandy, and, in short, all alcoholic liquors, are equally good. Those are to be preferred which are the least coloured.

"Before the animals are sewed up in cloth, an opening should be made in the chest and abdomen, in order to introduce a portion of the spirit into the interior of the body. The opening should be small; and made in the side, and not in the middle. With the Mammalia above a certain size, it will be right to force spirit into the intestinal canal, either by the mouth or anus, (or rather by both.)

"The liquor should be renewed after the animal has remained in it for some time. This precaution is absolutely essential, when there are several animals in one vessel. If it be neglected, they are likely to become putrid.

"There is an advantage in arranging the animals so that they do not come in contact with the bottom of the vessel, in order that they may not be compressed and flattened*.

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* To the instructions given above, for the preservation of Wet Specimens, may be added a few hints, which experience has taught the Author that it is very necessary to attend to. In the first place, the specimen should, if possible, be put in spirit before decomposition has commenced. No subsequent care can completely remedy the injury which results from inattention to this point. If, from unavoidable circumstances, decomposition should have commenced, the best means of remedying it is, to wash the specimen in a solution of chloride of lime, or sodium. When the specimen consists of some organ, and not of an entire animal, it should be carefully washed from blood and other animal fluids; the water should be wiped, sponged, or drained off, before the object be put into spirit; and the preparation must be suspended, to prevent its sinking to the bottom of the vessel, where the blood, water, and juices of the part will, from their superior specific gravity, be collected, as they give place to the spirit imbibed by the preparation: hence, if the suspension of the object be neglected, it will be *under*, rather than *in* spirit, and decomposition will not be prevented. It is also important that the spirit be early decanted from the subsiding watery parts, and that the preparation be removed from impure into pure spirit. When it is once effectually cleaned, and saturated with pure spirit, it will be long before any further attention to it will be necessary. The danger of injury resulting from the packing of several preparations in one vessel—an evil to which, for the sake of room,

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"We have now set forth what appears to us to be the most essential with respect to the collection and preservation of Zoological specimens. Those who are desirous of more detailed instructions, will find them in the article *Taxidermie;* which M. Dufresne, the Director of the Zoological Laboratories of the Museum, has inserted in the 21st Volume of the Dictionary of Natural History, printed by Deterville, in 1803; and in a Memoir by M. Péron, in the 2d volume of the *Voyage aux Terres Australes,* p. 373."

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the Traveller must often submit to—will thus be very much obviated. Preparations, which without this care would be completely spoiled, may this way be brought home in good condition: and it will also be found, that the liberal use of spirit in the first instance is almost as favourable to economy as to the good condition of the specimen; for many subsequent changes of spirit, which would otherwise be absolutely essential, may be dispensed with. All the internal parts, of which the preservation has been recommended in the course of these Instructions, may be prepared in the way here laid down: but it may not be amiss to observe, that parts which are thin and membranous, such as the natatory bladders of Fishes, and the stomach and intestines, may also be preserved in a dry state, with great economy of time, room, and spirit. For this purpose, they should be distended with air; and when thoroughly dried in this state, they may be compressed into a small compass, the air having previously been allowed to escape. They should be protected from insects by the same means as other dried specimens. The drying of such specimens will be greatly expedited by immersing them for a short time in spirit, before they are distended with air. It will also be well to take advantage of the distended state of the stomach and cæcum, to make a sketch of the figure of these parts.

When spirit cannot be obtained, or the quantity required renders the expense of it a serious objection, a saturated solution of common salt may be substituted. This, like the spirit, should be repeatedly changed, until a pure and saturated solution has taken the place of the animal juices. Other saline solutions, and dilute pyroligneous or sulphuric acid, have also been successfully employed for the same purpose; but as they require more or less care and experience, to adapt the strength of the solution to the nature of the specimen, they will not be found so convenient and certain as the saturated solution of common salt. The Traveller will do well to have a jar, containing some of this solution, constantly in readiness to receive such wet specimens as would otherwise be lost for want of time and opportunity to attend to them.

COMPARATIVE ANATOMY.

Class I.—MAMMIFERA.

Order, *Quadrumana.*

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2822	A stuffed specimen of Simia.		
2823	Scull, apparently of a Papio, or Baboon.		
2824	Scull of a Mandrill: the lower Jaw and several of the Teeth, wanting.		

Order, *Zoophaga.*

	1st Division, *Cheiroptera.*		
2825	Specimen of Vespertilio; from North America.		B. Harrison, Esq.
2826	Skeleton of Vespertilio; prepared by Mr. Parmenter.		J. H. Parmenter, Esq.
2827	Another specimen.		T. Callaway, Esq.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2828	Scull of a Bat.		Dr. Dowler.
2829	Tongue and Salivary Glans of the Vespertilio Auritus.		Dr. Hodgkin.
2830	Heart and Lungs of the Vespertilio Auritus.		Dr. Hodgkin.
2831	Alimentary Canal, Liver, and Gall-bladder of the Vespertilio Auritus.		Dr. Hodgkin.
2832	Renal Capsules, Kidneys, Urinary-bladder and Testicles of the Vespertilio Auritus.		Dr. Hodgkin.
	2d Division, *Insectivora.*		
2833	Scull of a Hedgehog.		Dr. Dowler.
2834	Skeleton of a Mole.		
2835	Scull of a Mole.		Dr. Dowler.
2836	Another specimen.		
2837	Female Genital Organs of the Mole.		
2838	Male Genital Organs of the Mole; taken in the Spring.		
	3d Division, *Carnivora.* Subdivision, *Plantigrada.*		
2839	Scull of a Bear.		Dr. Dowler.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2840	Scull of a White Bear, shot in one of Captain Parry's expeditions: its length, from nose to tail, 4 feet 10 inches; and height, at the middle, 4 feet.		B. Harrison, Esq.
2841	Another specimen.		B. Harrison, Esq.
2842	The Pyloric extremity of the Stomach, and part of the Duodenum, of a Bear.		T.A.S.Dodd, Esq.
2843	The Vagina and external Genital Organs of a Bear.		T.A.S.Dodd, Esq.
2844	Specimen of a Plantigrade Animal—a Potto?		
2845	Scull of a Badger.		Dr. Dowler.
2846	Another specimen.		
	Subdivision, *Digitigrada.*		
2847	Head of a Mustella.		Dr. Dowler.
2848	Scull of a Dog, apparently a Barbet. A young specimen.		
2849	Another. A young specimen.		
2850	Scull and lower Jaw of a Dog.		Dr. Dowler.
2851	Another specimen.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2852	Another specimen, without the lower Jaw.		
2853	Another specimen.		
2854	Head and lower Jaw of a North-American Wolf.		B. Harrison, Esq.
2855	Another specimen.		B. Harrison, Esq.
2856	Skeleton of a Fox.		
2857	A dry preparation, shewing the Radius of a Dog, from which half-an-inch of bone has been removed. It had not united; but, from the appearance of the callus, probably would have united, had the animal lived longer than two months.	Sir Astley Cooper's Work on Dislocations and Fractures.	Sir Astley Cooper.
2858	Another preparation, in which a portion of the Radius, an inch in length, had been removed. The mode of union shewn.	Sir Astley Cooper's Work on Dislocations and Fractures.	Sir Astley Cooper.
2859	A similar specimen.	Sir Astley Cooper's Work on Dislocations and Fractures.	Sir Astley Cooper.
2860	Another preparation, in which two inches of the Radius of a Dog had been removed. Ligamentous union of the Radius to the Ulna was produced; and the Ulna was enlarged opposite to the space produced by the removal of the Radius.	Sir Astley Cooper's Work on Dislocations and Fractures.	Sir Astley Cooper.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2861	The result of an experiment, in which an inch of bone was removed from the Radius of a Dog, the Ulna being accidentally broken at the same time. The Radius produced Callus, which did not reach from one portion of the bone to the other; but the Ulna, at its fractured part, produced two portions of new bone, which contributed to fill the space between the ends of the Radius. This experiment explains the cases of apparent union between remote portions of bone, as when a piece of the Tibia has been removed, and the Fibula at the same time fractured.	Sir Astley Cooper's Work on Dislocations. and Fractures.	Sir Astley Cooper.
2862	Termination of the Ileum and Cæcum of a Dog.		
2863	Portion of the Intestine of a Dog, on which a ligature was applied by C. A. Key, Esq.		
2864	Another specimen.		
2865	Several Calculi from the Bladder of a Dog.		
2866	Sections of two Calculi from the Bladder of a Dog: one weighing 2 oz. 1 dr. 15 gr.; the other 4 dr. 19 gr. Analyzed by Dr. B. Babington.		C.A.Key, Esq.
2867	Stuffed specimen of the Indian Mangouste, or Herpestes Griseus.		
2868	Head of an individual of the Egyptian species, preserved as a Mummy. Brought from Egypt by Belzoni.		J. Dimsdale, Esq.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2869	Specimen of a Cat, which appears to have died from inanition, and was found perfectly dried.		A. T. S. Dodd, Esq.
2870	Scull and lower Jaw of a Lion (Hector) formerly kept at the Tower.		
2871	Scull and lower Jaw, probably of a Panther.		
2872	Scull and lower Jaw of a Cat.		
2873	Another specimen.		Dr. Dowler.
2874	Another specimen.		Dr. Dowler.
2875	Longitudinal Section of the Scull of a Cat.		
2876	The Foot of a Cat, dissected; shewing the flexor tendons, and the elastic ligaments of the claws.		
2877	Heart of a Lion: injected.		
2878	Heart of a Fœtal Kitten; shewing the Foramen Ovale.		
2879	Part of the Head of a Cat; shewing the branches of the 5th pair of Nerves distributed to the whiskers.		E. Cock, Esq.
2880	Termination of the Eustachian Tube of a Lioness.		
2881	Stomach of a Lion.		
2882	The Termination of the Ileum and Cæcum of a Lion.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2883	Two portions of the small Intestines of a Cat; one of which is injected, shewing the Villi.		
2884	Termination of the Ileum and Cæcum of a Cat.		
2885	A corroded Preparation of the Spleen of a Cat.		Sir Astley Cooper.
2886	Kidneys of a Cat: the Arteries and Veins injected.		
2887	Two Sections of the Kidney of a Cat: injected.		
2888	Kidney of a Cat: injected, and dried.		
	Subdivision, *Amphibia.*		
2889	Scull and lower Jaw of the Morse; Trichechus Rosmarus.		Dr. Dowler.
2890	Another specimen.		B. Harrison, Esq.
2891	Two longitudinal Sections of the Bone of the Penis of the Trichechus Rosmarus.		

Order, *Marsupiata.*

2892	Skeleton of the Male Kangaroo; Macropus Gigas. (See the Ground-floor.)		John Morgan, Esq.
2893	Brain of a Kangaroo; Macropus Gigas.		John Morgan, Esq.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2894	Heart of a Kangaroo; Macropus Gigas: injected, and dried.		J. Morgan, Esq.
2895	Another specimen.		J. Morgan, Esq.
2896	Stomach of the same animal: a dry preparation.		J. Morgan, Esq.
2897	Cæcum of the same: a dry preparation.		J. Morgan, Esq.
2898	Spleen of the same.		J. Morgan, Esq.
2899	Pouch of a young and virgin Kangaroo; shewing the Teats in the undeveloped state; one of them artificially drawn out.	See J. Morgan's Paper in Vol. XVI. of the Linnean Transactions.	J. Morgan, Esq.
2900	The Mammary Glands of an adult Kangaroo; shewing the Marsupial Teat in its developed state: the Ducts filled with Mercury.	See J. Morgan's Paper in Vol. XVI. of the Linnean Transactions.	J. Morgan, Esq.
2901	Genital Organs of a Male Kangaroo; Macropus Gigas.		J. Morgan, Esq.

Order, *Rodentia.*

	1st Division, *furnished with Clavicles.*		
2902	Scull of a Beaver.		Dr. Dowler.
2903	Scull of a Rat.		Dr. Dowler.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2904	Stomach of a Rat.		
2905	Testicles of a Rat.		
2906	Scull of a Squirrel.		Dr. Dowler.
	2d Division, *without Clavicles.*		
2907	Skeleton of a Porcupine.		T. Bell, Esq.
2908	Scull of a Hare.		Dr. Dowler.
2909	Os Femoris of a Hare, badly fractured, and united: with the corresponding sound Femur.	See the Note accompanying the Preparation.	Dr. Blundell.
2910	Scull of a Rabbit.		
2911	Brain of a Rabbit.		
2912	Eye of a Rabbit.		

Order, *Edentata.*

Tardigrada. *Common Edentata.* *Monotremata.*	No Specimens in the Museum.

Order, *Pachydermata.*

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	1st Division, *those furnished with a Proboscis.*		
2913	Skeleton of a Female Elephant, which died at Chiswick, in the possession of the Duke of Devonshire. (See the Ground-floor.)		His Grace the Duke of Devonshire.
2914	Four detached Portions from an immature Molar Tooth of an Elephant.		
2915	Tooth of a Fossil Elephant.		Sir Astley Cooper.
2916	Another specimen, in a glass-case.		
2917	Portion of the common Integuments of an Elephant.		J. Morgan, Esq.
2918	Section of the Sole and one of the Ungues of the Foot of an Elephant.		J. Morgan, Esq.
2919	The extremity of the Proboscis of an Elephant, with the Nerves dissected.		J. Morgan, Esq.
2920	Portion of the Trunk of an Elephant; shewing the Muscular Fibres.		J. Morgan, Esq.
2921	Tongue of the Elephant, with the Nerves dissected.		J. Morgan, Esq.
2922	Tonsils of an Elephant.		J. Morgan, Esq.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2923	Larynx of an Elephant.		J. Morgan, Esq.
2924	Trachea of an Elephant.		J. Morgan, Esq.
2925	Mitral Valve of the Heart of an Elephant.		J. Morgan, Esq.
2926	Portion of the Aorta of an Elephant.		J. Morgan, Esq.
2927	Part of the Vena Cava and Diaphragm of an Elephant.		J. Morgan, Esq.
2928	Portion of the Lung of an Elephant.		J. Morgan, Esq.
2929	Section of the Kidney of an Elephant: injected.		J. Morgan, Esq.
2930	Slices of the Kidney of an Elephant: injected, dried, and immersed in spirit of turpentine.		J. Morgan, Esq.
2931	Portion of the Bladder of an Elephant; shewing the termination of the Ureters.		J. Morgan, Esq.
2932	Clitoris of an Elephant.		J. Morgan, Esq.
	2d Division, *Ordinary Pachydermata.*		
	Scull and lower Jaw of the Hippopotamus. (See N°.944, on the Ground-floor.)		B. Harrison, Esq.
2933	Skeleton of the common Hog; Sus Scrofa; not articulated.		Sir Astley Cooper.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2934	Head of a Boar.		Dr. Dowler.
2935	Another specimen. (A young animal.)		Dr. Dowler.
2936	Two Tusks of a Boar; one of which appears to have been found in an alluvial deposit.		
2937	Scull of Sus Babirussa.		
2938	Dried specimen of the Urinary-Bladder and Penis of a Boar.		
2939	Horn of the Rhinoceros.		
2940	The fore Foot of a Rhinoceros; shewing its multungulous form.		
	3d Division, *Solipeda.*		
2941	Head of a Horse.		B. Harrison, Esq.
2942	Two parts of the Os Hyoïdes.		Royal Veterinary College.
2943	Left Scapula of a Horse, fractured near the Cervix, with considerable shortening.		Royal Veterinary College.
2944	A Carpus, or Knee, very remarkably ossified.		Royal Veterinary College.
2945	The near Metacarpal or Shank Bone of a Horse; the internal Styloïd Bone united by ossified deposit, forming a small splent.		Royal Veterinary College.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2946	A similar specimen of the same bone.		Royal Veterinary College.
2947	Specimen of the off Metacarpal Bone, with greater ossific deposit.		Royal Veterinary College.
2948	A near Shank, with the internal Styloïd Bone much ossified at its interior extremity.		Royal Veterinary College.
2949	A healthy specimen of the first Phalangeal Bone or Pastern.		Royal Veterinary College.
2950	A similar bone, with slight Exostosis.		Royal Veterinary College.
2951	Another, with considerable Exostosis.		Royal Veterinary College.
2952	A similar bone, with considerable Exostosis at its lower extremity.		Royal Veterinary College.
2953	A similar bone.		Royal Veterinary College.
2954	Another, with a remarkably large Exostosis.		Royal Veterinary College.
2955	A similar specimen.		Royal Veterinary College.
2956	Second Phalangeal or Coronet Bone; with a few Spicular Exostoses.		Royal Veterinary College.
2957	Shuttle or Navicular Bone.		Royal Veterinary College.
2958	Coffin or terminal Phalangeal Bone of the near fore Foot.		Royal Veterinary College.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2959	Coffin or terminal Phalangeal Bone of the near fore Foot.		Royal Veterinary College.
2960	Another specimen; the edges much absorbed, with ossified Cartilages.		Royal Veterinary College.
2961	First and second Phalangeal, or the Pastern and Coronet Bones, united by Anchylosis.		Royal Veterinary College.
2962	A similar specimen, with Absorption, and the formation of Spiculæ.		Royal Veterinary College.
2963	Another, with considerable Exostosis.		Royal Veterinary College.
2964	A similar specimen.		Royal Veterinary College.
2965	First and second Phalangeal Bones, with considerable Exostosis.		Royal Veterinary College.
2966	A similar specimen.		Royal Veterinary College.
2967	The Coronary and Shuttle Bones anchylosed, with considerable Exostosis.		Royal Veterinary College.
2968	Tarsal and Metatarsal Bones united by Anchylosis, with considerable Exostosis.		Royal Veterinary College.
2969	A similar specimen, with a prodigious Exostosis at the seat of Spavin.		Royal Veterinary College.
2970	Another specimen: the Astragalus wanting.		Royal Veterinary College.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2971	Ossa Planiformia, superius et inferius, united by Anchylosis.		Royal Veterinary College.
2972	Metatarsal Bones, with a large Exostosis at the lower extremity.		Royal Veterinary College.
2973	First Phalangeal or Pastern; its upper part surrounded by Exostosis.		T. Foster. Esq.
2974	Three Phalangeal Bones, and the Shuttle Bone, articulated.		Royal Veterinary College.
2975	Coffin or last Phalangeal Bone.		Royal Veterinary College.
2976	Another specimen.		Royal Veterinary College.
2977	Another specimen, with remarkably large ossified Cartilages, forming Ring Bones.		Royal Veterinary College.
2978	Another specimen: one Cartilage ossified.		Royal Veterinary College.
2979	Coffin Bone: the superior anterior Crista fractured and united.		Royal Veterinary College.
2980	First and Second Phalangeal, or Pastern and Coronet Bones, united by Anchylosis.		Royal Veterinary College.
2981	Another specimen.		Royal Veterinary College.
2982	Another specimen.		Royal Veterinary College.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2983	Tibia, with compound-fracture through and above the Condyles.		Royal Veterinary College.
2984	Portion of the Astragalus; shewing acute inflammation of the joint, removing a portion of the articular Cartilage.		Royal Veterinary College.
2985	Metacarpal and Phalangeal Bones, with their Tendons.		Royal Veterinary College.
2986	A similar specimen, from the Leg of a Colt.		Royal Veterinary College.
2987	Another specimen; shewing the Suspensary Ligaments.		Royal Veterinary College
2988	Longitudinal Section of the same; shewing the Articulations and Tendons.		Royal Veterinary College.
2989	Coffin and Shuttle Bones, with the Cartilages and Perforans and Extensor Tendons.		Royal Veterinary College.
2990	Ossification of the Perforans Tendon, and Suspensary Ligament.		Royal Veterinary College.
2991	Aneurism of the Abdominal Aorta: the Sac partially ossified.		S. Tarratt, Esq. and W. T. Iliff, Esq.
2992	Part of the Metacarpal and the Phalangeal Bones, with the Ligaments: the Veins injected.		Royal Veterinary College.
2993	Another specimen, with the Veins and Arteries injected.		Royal Veterinary College.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
2994	Another similar specimen.		Royal Veterinary College.
2995	Phalangeal and Sessamoïd Bones: the Veins and Arteries injected.		Royal Veterinary College.
2996	Another specimen; the Veins only injected.		Royal Veterinary College.
2997	Metacarpal and Phalangeal Bones, with their Ligaments: the Arteries and Veins injected. Most of the Nerves are shewn.		Royal Veterinary College.
2998	Wet preparation of a Horse's Hoof, from which the Foot has been withdrawn; shewing the Keraphylla on the inner surface of the Wall, the Sole, Bars, external part of the Frog, and the Frog-band passing round the Coronet. (See Prepn. 3000.)		Sir Astley Cooper.
2999	A dried specimen, similar to the preceding.		
3000	An injected Foot of a Horse, withdrawn from the Hoof.—The counterpart to N°. 2998, shewing the Podophylla.	See Bracy Clark's Work on the Foot of the Horse.	Sir Astley Cooper.
3001	Hoof of a Horse, dissected, and the different parts detached; shewing the Wall inflected, and forming the Bars, the Frog, Coronary Frog-band, and Sole.	See Bracy Clark's Work on the Foot of the Horse.	C. Clark, Esq.
3002	Foot of a very young Fœtal Foal: injected.		Sir Astley Cooper.
3003	Another, at a considerably later period.		Sir Astley Cooper.
3004	Another specimen.		Sir Astley Cooper.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
3005	Section of a Foal's Foot, injected: it shews the small size of the Frog, and almost total absence of the Coronary Frog-band.		Sir Astley Cooper.
3006	Another specimen.		Sir Astley Cooper.
3007	Hoof of the near fore Foot of a Yearling Colt; shewing the Frog and Bars in their natural state; and likewise the superior size of the outer part of the Foot, in the unshod state.		Royal Veterinary College.
3008	Another specimen, the Coronary Frog-band dried, and turned in.		Royal Veterinary College.
3009	Another specimen, from a hind Foot.		Royal Veterinary College.
3010	Hoof of the off fore Foot of a Horse, in a very nearly natural state, and which had evidently been unshod a considerable time before the death of the animal. This Preparation, like the three preceding, shews the relation which the different parts seen on the under surface of the Foot bear to the ground, and proves that the Frog is naturally free from the principal pressure.	See Bracy Clark's Work on the Foot of the Horse.	Royal Veterinary College.
3011	Hoof from the fore Foot of a Blood Horse; exhibiting extreme contraction, from shoeing.		Royal Veterinary College.
3012	Another specimen, from a coarser Horse: the contraction not quite so far advanced.		Royal Veterinary College.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
3013	Hoof from the fore Foot of a Blood Horse, very much contracted from shoeing: the Sole is extremely thin, and diseased from excessive paring and the employment of leather and tar-stopping.		Royal Veterinary College.
3014	Polished specimen of a contracted Foot: it is shod with a bar-shoe, on Professor Coleman's principle of bringing pressure upon the Frog.	See Professor Coleman's Work.	Royal Veterinary College.
3015	Polished specimen of a Horse's Foot, shod with Professor Coleman's patent oblique bar-shoe.		Royal Veterinary College.
3016	A Foundered or Pomme-shaped Hoof, from the fore Foot of a Cart Horse: caused by the sunken position of the Coffin Bone constituting the "Pedicida" of Bracy Clark, Esq.	See Bracy Clark's Work on the Foot of the Horse.	Royal Veterinary College.
3017	Another singular specimen of the same disease, accompanied with Split Hoof, or Sand Crack.	See Bracy Clark's Work on the Foot of the Horse.	Royal Veterinary College.
3018	The fellow Foot to the preceding: it is not so much foundered, but shews that disease of the Keraphylla, called, by Bracy Clark, "The false Rib of Horn," and by Professor Vatel, "Keraphyllocele."		Royal Veterinary College.
3019	Distorted hind Hoof; shewing preternatural growth, occasioned by disease.		Royal Veterinary College.
3020	Another similar specimen.		Royal Veterinary College.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
3021	Specimen of an extreme case of Canker of the Foot: the Toe wholly destroyed.		Royal Veterinary College.
3022	Another specimen, in which the Heels are destroyed by the same disease.		Royal Veterinary College.
3023	Two corresponding sections of the Eye of a Horse: the greater part of the Ball filled by a Fungoïd Tumor: the Crystalline Lens opaque. The proper membrane of the Lens was rendered distinct by the disease.		Royal Veterinary College.
3024	Part of the Cartilage of the Ear of a Horse; the vessels ramifying over it injected with wax.		Royal Veterinary College.
3025	Larynx of a Horse: it was taken from an animal which died of Hydrophobia, and in which this part was found much inflamed.		J. Hilton, Esq.
3026	A dried and injected Preparation of the Larynx of a Horse; shewing the large membranous pouches connected with this part.		Sir Astley Cooper.
3027	Part of the lower Jaw of a Horse, with the Molar Teeth ground down and seared; shewing the relative situation of the Bone and Enamel.		Royal Veterinary College.
3028	Several loose Molar Teeth of a Horse, ground down and seared; shewing the relative situation of the Bone and Enamel.		Royal Veterinary College.

N°.	DESCRIPTION.	Reference to History.	By whom presented or whence derived.
3029	A Calculus, taken from the Stomach of a Horse; nucleus, a piece of iron; outer Coating, triple Phosphate, with a large portion of animal matter.—Analyzed by Dr. B. Babington.		C. A. Key, Esq.
3030	Section of an Intestinal Concretion from a Horse: it is supposed to have been occasioned by feeding on bran and oatmeal.		
3031	Several small Calculi found in the Bladder of a Horse.		Mr. D. Fisher.
3032	Spleen of a Horse; inflated, and dried.		Sir Astley Cooper.
3033	Head of an Ass.		
3034	Metacarpal or Shank Bone of an Ass.		
3035	Another specimen.		

Order, *Ruminantia.*

	1st Division, *without Horns.*		
3036	Section of the Foot of a Camel.		
3037	Part of the Liver of a Camel.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	2d Division, *with Horns.*		
3038	Part of the Os Frontis and the Antlers of the Caribou, or North-American Rein-Deer. Brought from Newfoundland.		T. Glaisyer, Esq. Brighton.
3039	Head and Antlers of Cervus Elaphus.		B. B. Cooper, Esq.
3040	Foot and part of the Leg of a North-American Deer; shewing a malformation, consisting in several supernumerary Phalangeal Bones, with corresponding Ungues.		B. Harrison, Esq.
	⁂ The following have Hollow Horns.		
3041	Head and Horns of the Oryx.		B. B. Cooper, Esq.
3042	Head and Horns of the Canna.		B. B. Cooper, Esq.
3043	Another specimen of the Horns of the same animal, with only a part of the Os Frontis.		B. B. Cooper, Esq.
	⁂ In the following Species, the central or Bony part of the Horns contains Cells, which communicate with the Frontal Sinuses.		
3044	Horns of a Goat.		
3045	Another specimen.		
3046	A very-much distorted Spine, with part of the Ribs, of a Sheep.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
3047	Six Ribs of a Sheep, firmly united by bone near their angles.		
3048	Head and Horns of a Ram.		
3049	Dissected and dried Orbit of the Eye of a Sheep; shewing the Palpebræ, Lachrymal Gland, Muscles, and Nerves.		
3050	Several Sections of the Eye of a Sheep.		
3051	Sections of the Sclerotic and Cornea of the Eye of a Sheep; shewing the lamillar structure of the latter.		
3052	Choroïd Coat of the Eye of a Sheep; the Arteries injected with quicksilver; shewing the Zona Major.		
3053	A considerable portion of the Choroïd Coat of the Eye of a Sheep; the Arteries injected with quicksilver.		
3054	Part of the Choroïd Coat of the Eye of a Sheep; the Arteries injected with fine injection.		
3055	Retina of the Eye of a Sheep.		
3056	Retina, Ciliary Processes, and Crystalline Lens of the Eye of a Sheep.		
3057	Another specimen.		
3058	Ciliary Processes of the Eye of a Sheep; the Arteries injected.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
3059	Large Fungoïd Tumor, removed, with the Eye, from the Orbit of a Sheep. The Crystalline Lens was ossified. The animal recovered.		
3060	Four Stomachs of a Fœtal Lamb: dried, and immersed in spirit of turpentine.		B. Harrison, Esq.
3061	Section of the Spleen of a Sheep: injected, inflated, and immersed in spirit of turpentine.		Sir Astley Cooper.
3062	Spleen of a Sheep: the cells filled with yellow wax.		Sir Astley Cooper.
3063	Impression, in wax, of the Infundibula of the Kidney of a Sheep.		Sir Astley Cooper.
3064	Head and Horns of an Ox.		J. Stocker, Esq.
3065	A Pair of Horns, from a Short-horned variety of the same species.		
3066	Metacarpal Bone of a Calf, with a large Exostosis.		
3067	Preparation, which appears to consist of a portion of the Lungs of a Calf: the cells filled with wax.		Sir Astley Cooper.
3068	Part of the Jaw of a Calf, laid open; shewing the Alveoli, injected.		
3069	Pulps of the Teeth of a Calf, injected, and laid open; shewing the commencing deposition of Enamel.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
3070	Four Stomachs of a Fœtal Calf.		Dr. Hodgkin.
3071	Hair-ball, or Engastropile, from the Stomach of a Cow.		
3072	Another specimen, from the Stomach of a Calf.		B. Harrison, Esq.
3073	Another specimen.		C. F. Gregory, Esq.
3074	Encysted Tumor taken from the Liver of a Bullock, which probably contained Hydatids.		
3075	Gall-bladder of an Ox: it presents a variety, in being double.		
3076	Spleen of an Ox; inflated, and dried.		Sir Astley Cooper.
3077	Spleen of a Calf; injected with wax.		Sir Astley Cooper.
3078	Another specimen.		Sir Astley Cooper.
3079	Spleen of an Ox; injected with wax.		
3080	Portion of the Peritoneum of a Cow, covered with small Tubercles loaded with earthy matter.		
3081	Small Calculi and Gravel from a Bullock's Bladder, which was thickened.		

Order, *Cetacea.*

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
	1st Division, *Cetacea Herbivora.* No Specimen in the Museum.		
	2d Division, *Cetacea Proper.*		
3082	Head of a Dolphin.		Sir Astley Cooper.
3083	Upper and lower Jaw of a Dolphin.		
3084	Another specimen.		
3085	Heart of a Dolphin; injected, and dried.		Sir Astley Cooper.
3086	Stomach of a Dolphin: a dry preparation.		Sir Astley Cooper.
3087	Head of the Narval, or Monodon Monoceros.		B. Harrison, Esq.
3088	Optic Nerve and posterior part of the Ball of the Eye of the Cachalot, or Physeter Macrocephalus; stranded on the coast of Yorkshire.		Dr. Alderson.
3089	Anterior part of the same Eye; shewing the Iris.		Dr. Alderson.
3090	Crystalline Lens of the same Eye.		Dr. Alderson.
3091	Two Sections of the Eye of a Common Whale.		

Class II.—AVES.

⁂ From the small number of Specimens in the Museum illustrative of this and the following copious Classes, it has been judged inexpedient to make Divisions of their different Families.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
3092	Fractured Leg of a Pigeon.		
	Skeleton of the Emu. (See N°. 948, on the Ground-floor.)		
	Skeleton of the Heron. (See N°. 949, on the Ground-floor.)		
3093	Head of the Albatros.		
3094	Another specimen.		
3095	Heart of the Emu.		
3096	Two Feathers, with the Membrane covering the Quill : injected.		Sir Astley Cooper.
3097	Another specimen.		Sir Astley Cooper.
3098	Eye of the Emu, with the Membrana Nictitans, and its Muscles, shewn.		
3099	Preparation of the Eye of the Emu; shewing the Pecten or Marsupium, the Crystalline Lens, and the Ciliary Processes.		
3100	Tongue of the Emu.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
3124	Dry preparation of the Stomach of a Turtle: the Arteries, Veins, and Absorbents shewn.		Sir Astley Cooper.
3125	Dry preparation of a portion of the Intestine and Mesentery of a Turtle: the Arteries and Veins shewn.		Sir Astley Cooper.
3126	A similar specimen.		Sir Astley Cooper.
3127	Preparation, shewing the Absorbents of the Trachea of a Turtle.		Sir Astley Cooper.
3128	Another specimen.		Sir Astley Cooper.
3129	Preparation, shewing the Absorbents of the Lung of a Turtle.		Sir Astley Cooper.
3130	Wet preparation, shewing the Lacteals of a Turtle.		Sir Astley Cooper.
3131	Another.		Sir Astley Cooper.
3132	Another.		Sir Astley Cooper.
3133	Another; dried, and immersed in spirit of turpentine.		Sir Astley Cooper.
3134	Another.		Sir Astley Cooper.
3135	Absorbents of the Rectum of a Turtle.		Sir Astley Cooper.
3136	Receptaculum Chyli of a Turtle.		Sir Astley Cooper.
3137	Brain and Medulla Oblongata of a Turtle.		Sir Astley Cooper
3138	Eye of the Turtle, with its appendages. The Lachrymal Gland particularly shewn.		Sir Astley Cooper.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
3139	Dry preparation of the same.		Sir Astley Cooper.
3140	Section of the Sclerotic and Cornea of a Turtle.		Sir Astley Cooper.
3141	Anterior part of the Eye of a Turtle; shewing the bony portion of the Sclerotic, Cornea, and Ciliary Processes.		Sir Astley Cooper.
3142	Larynx and part of the Trachea of a Turtle.		Sir Astley Cooper.
3143	Section of a dried and inflated Lung of a Turtle.		Sir Astley Cooper.
3144	Section of the Lung of a Turtle: injected with fine injection.		Sir Astley Cooper.
3145	Œsophagus of a Turtle.		Sir Astley Cooper.
3146	Another specimen, laid open, and shewing its termination in the Stomach.		Sir Astley Cooper.
3147	Duodenum of a Turtle, with the termination of the Biliary Duct shewn.		Sir Astley Cooper.
3148	Portion of the Intestine of a Turtle: injected, and laid open.		Sir Astley Cooper.
3149	Liver of a Turtle. The Absorbents shewn.		Sir Astley Cooper.
3150	Spleen of a Turtle: the vessels injected with quicksilver.		Sir Astley Cooper.
3151	Ovary of a Turtle.		Sir Astley Cooper.

Order II.—*Saurian.*

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
3152	Gavialis Minor.		
3153	Alligator of St. Domingo.		J. Young, Esq.
3154	Head of a larger specimen.		
3155	Lacerta Viridis. (Male.)		
3156	Lacerta Viridis. (Female; shewing the Eggs in the Oviduct.)		
	Skeleton of the Iguana. (See N°. 950, on the Ground-floor.)		
3157	Anolis Principalis.		A. Maitland, Esq.
3158	Another specimen.		A. Maitland, Esq.
3159	A Gecko.		
3160	Another specimen; the Tail broken off.		
3161	Chamæleon Vulgaris: the Tongue and its appendages dissected.		
3162	Anterior part of the Chamæleon Vulgaris: the Brain, Spinal Marrow, and some of the Nerves, exposed.		
3163	Chamæleon Pusillus.		
3164	Another specimen.		

Order III.—*Ophidian.*

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
3165	Anguis Fragilis.		
3166	Skin of the Boa Constrictor.		
3167	Stuffed Skin of a Coluber.		
3168	Another specimen.		
3169	Crotalus Horridus.	Old Museum Book, No. 49.	
3170	Head of a Viper; shewing the Fangs.		
3171	Elaps Lemniscatus.		

Order IV.—*Batrachian.*

3172	A Frog, dried: the Heart and Aorta injected.		
3173	A large species of Frog, from the West Indies.		W. T. Iliff, Esq.
3174	Another specimen, in the Tadpole state.		W. T. Iliff, Esq.
3175	Lungs of a Frog: injected.		
3176	A large species of Hyla, or Rana Arborea.		A. Maitland, Esq.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
3177	Bufo Vulgaris, or Common Toad; injected, and the Viscera exposed: the Urinary Bladder shewn, and also the large clusters of Follicles situated behind the Eyes.		
3178	Another specimen.		
3179	Dried specimen of a Salamander.		
3180	Proteus Anguinus, or Siren Anguina; brought from the Magdalen Cavern near Addlesburg, by Dr. Hodgkin.		Dr. Hodgkin.

Class IV.—PISCES.

3181	Jaw of a Squalus.		
3182	Another specimen.		
3183	Upper and lower Jaw of a Squalus, of a different species from the preceding.		
3184	Part of the Vertebræ of a Squalus.		
3185	Saw of the Pristis, or Saw-fish.		
3186	Exocœtus Volitans, or Oceanic Flying-Fish.		W.T.Iliff,Esq.
3187	Specimen of a small Fish with long projecting Mandibles.		B. Harrison, Esq.
3188	The upper Jaw of a Xiphias Gladius.		

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
3189	The Diodon Aculeatum.		
3190	A Hippocampus.		G. H. Wortham, Esq.
3191	Heart of a Cod-fish.		Sir Astley Cooper.
3192	Part of the Intestine of a Skate; dried, and immersed in spirit of turpentine.		Sir Astley Cooper.

CLASS V.—MOLLUSCA.

Order, *Cephalopoda.*

3193	A Sepia.		
3194	A Bunch of partially-developed Ova of the Sepia.		Dr. Bright.

Order, *Cirrhopoda.*

3195	A Bunch of Anatiferæ.		R. Elliott, Esq. Chichester.

CLASS VI.—ARTICULATA.

3196	Stomach of a Lobster.		
3197	A Scorpion.		
3198	Two specimens of Scolopendra.		
3199	The Nervous system of a Scolopendra: dissected by R. Dashwood, Esq.		

☞ THE following Specimens, which are highly interesting in an Antiquarian as well as in an Anatomical point of view, have been recently presented to the Museum by Dr. Fry, of Uley Bury, near Dursley, in Gloucestershire. They were found in a Cairn or Tumulus, near Dursley, attributed to the Antient Britons. The Tumulus, which was opened in February 1821, was 120 feet in length, 80 in breadth at the widest part, and about 10 in height. It was composed of earth and stones, covered with vegetable mould; and was intersected by walls of unhewn stones, which formed several chambers and a passage within the Tumulus. It contained 13 entire human skeletons, of both sexes and various ages; and the lower jaws of several wild-boars.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
3200	Scull and lower Jaw of an Adult Male. Its length is great, in proportion to its breadth: the Forehead is small, and rather contracted, but not low: the Frontal Sinuses well marked: the Meatus Auditorius Externus is situated within the posterior half of the Scull: the sutures are nearly obliterated, and there are no Wormian Bones. The Head is not quite symmetrical: the lower Jaw is of moderate size, with a well-formed chin. The insertion of Pterygoïd Muscles is strongly marked. From both Jaws several of the Teeth are wanting, but have evidently fallen out since death: those which remain are very remarkably worn by attrition: the Molars have almost entirely lost their crowns from this cause. Those of the lower Jaw are concave from side to side, and those of the upper are convex. In the lower Jaw are two large cavities caused by Alveolar Abscesses, situated about the fangs of the first Molar on each side. (See the Cast.)	See the Plan and Description of the Tumulus; also the Note accompanying the Preparation.	Dr. Fry.

N°.	DESCRIPTION.	Reference to History.	By whom presented, or whence derived.
3201	Remarkably well-formed Scull, apparently that of a Youth: some of the Teeth are lost, as in the preceding specimen: those which remain exhibit the incipient effect of attrition. (See the Cast.)		Dr. Fry.
3202	Two Dorsal Vertebræ, feebly united by Anchylosis.		Dr. Fry.
3203	Part of the lower Jaw of a Wild Boar. It does not appear to have belonged to an animal of a large size.		Dr. Fry.
3204	Several portions of Teeth and Tusks of the Wild Boar.		Dr. Fry.
3205	Two Flint Axe-heads, found in the vicinity of the Tumulus from which the preceding specimens were taken.		Dr. Fry.

COLLEGE OF PHYSICIANS